01/29/04

----- MONTHLY AVERAGE -----

| MOPO-24 | PER-POR-SERVICES | MITS OF SERVICES | SERVICES | SERVICES | MITS OF SERVICES | SERVICES | SERVICES | MITS OF SERVICES | SERVICES | MITS OF SERVICES | SERVICES | MITS OF SER ----- MONTHLY AVERAGE -----#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,122 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

134 ELIGIBLES		IITS OF SERVICE OR DAYS OF CARE	EX	YPENDITURES			UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	27	\$	683.45	\$	25.31	.201		
DIAGNOSTIC AND ANC. PROCED	9	6	•	284.70	•	47.45	.045	31.63	2.12
EYE APPLIANCES	10	21		398.75		18.99	.157	39.88	2.98
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	
VISITS	0	0	•	.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	1	1	\$	26.70	\$	26.70		\$ 26.70	.20
MEDICINE/INJECTIONS	0	0	·	.00	•	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	1	1		26.70		26.70	.007	26.70	.20
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	S	.00	\$.00		\$.00	
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00		\$.00	
@TOTAL HOSPITAL	15	7CR	\$	1,237.52CR		176.79	.052CR		
HOSP INPATIENT TOTAL	5	31CR	·	1,737.06CR		56.03	.231CR		12.96CR
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3		2,871.00		957.00	.022	2871.00	21.43
ACCOMMODATIONS	1	3		2,871.00		957.00	.022	2871.00	21.43
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	1	3		2,871.00		957.00	.022	2871.00	21.43
ANCILLARIES	1	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	4	34CR		4,608.06CR		135.53	.254CR	1152.02CR	34.39CR
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	24		499.54		20.81	.179	49.95	3.73
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	10	24		499.54		20.81	.179	49.95	3.73
@COUNTY HOSPITAL TOTAL	1	1	\$	5.07	\$	5.07	.007	\$ 5.07	.04
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1		5.07		5.07	.007	5.07	.04
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		5.07		5.07	.007	5.07	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	ES MONTH-C	F-PAYMENT RE	PORT	FOR JAN	2003 THRU D	EC 2003	PAGE 13,123
MOP024	FEE-FOR-SERVICE/DE								01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICE	S FOR CASH GRA	ANT - AGEI)		AID CODE			
							MO	NTHLY AVERAGI	C

		OR DAYS OF CARE		DER IMIT/DI	Y PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	8CR \$	1,242.59CH		.060CR\$	88.76CR\$	9.27CR
COMM HOSP INPATIENT TOTAL	5	31CR	1,737.06CH		.231CR	347.41CR	12.96CR
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	ĺ	3	2,871.00	957.00	.022	2871.00	21.43
ACCOMMODATIONS	1	3	2,871.00	957.00	.022	2871.00	21.43
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	2,871.00	957.00	.022	2871.00	21.43
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	34CR	4,608.06CE		.254CR	1152.02CR	34.39CR
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	23	494.47	21.50	.172	54.94	3.69
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	23	494.47	21.50	.172	54.94	3.69
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	0 \$	1,080.00CH		.000 \$	1080.00CR\$	8.06CR
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	0	1,080.00CH		.000	1080.00CR	8.06CR
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	2 \$	38.67	\$ 19.34	.015 \$	38.67 \$.29
PATHOLOGY	1	2	38.67	19.34	.015	38.67	.29
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,017	2,653 \$	484,934.14	\$ 182.79	19.799 \$	240.42 \$	3618.91
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,017	2,653	484,934.14	182.79	19.799	240.42	3618.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN	I 2003 THRU DEC	2003 E	PAGE 13,124
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR CASH GRANT -	- AGED	AID COI			
					MONT		
134 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ST UNITS/DAYS		COST PER
		OR DAYS OF CARE			Y PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	943	61,522 \$	450,922.30	\$ 7.33	459.119 \$	478.18 \$	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	150	2,846	196,502.55	69.05	21.239	1310.02	1466.44
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	752	4,372	247,531.84	56.62	32.627	329.16	1847.25
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	15	327.45	21.83	.112	65.49	2.44
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	19.14	9.57	.015	19.14	.14
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	43	54,287	6,541.32	.12	405.127	152.12	48.82
@CALIF. CHILDREN SERVICES*	0	0	\$.00 \$.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	27	60	\$ 3,720.97CR \$	62.02CR	.448	\$ 137.81CR\$	27.77CR

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OM!!!!!

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,125
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

----- MONTHLY AVERAGE -----20 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 156,757.50 2,490 62.95 124.500 \$ 289.76 \$ 7837.88 @TOTAL, ALL PROVIDERS 541 \$ @PHYSICIANS SERVICES 6 335.23 37.25 .450 \$ 55.87 \$ 16.76 OUTPATIENT VISITS 266.90 38.13 .350 44.48 13.35 6 OFFICE VISITS 6 266.90 38.13 .350 44.48 13.35 .00 .00 .00 HOME VISITS .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .000 HOSPITAL VISITS .00 .00 .00 .00 .00 .000 .00 .00 CRITICAL CARE SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .000 ASSISTANT SURGEON .00 .00 .00 .00 .00 .00 .00 .000 ANESTHESIOLOGIST .00 DIALYSIS 0 .00 .00 .000 .00 .00 68.33 34.17 PATHOLOGY 34.17 .100 3.42 RADIOLOGY .00 .00 .000 . 00 .00 Ω **PSYCHIATRY** .00 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	25	267	\$ 8,233.25	\$ 30.84	13.350	\$ 329.33	\$ 411.66
PRESCRIPTION DRUGS	21	61	7,848.20	128.66	3.050	373.72	392.41
SNF/ICF	3	2	13.23	6.62	.100	4.41	.66
OUTPATIENTS	18	59	7,834.97	132.80	2.950	435.28	391.75
MEDICAL SUPPLIES	5	206	385.05	1.87	10.300	77.01	19.25
@DENTIST	131	556	\$ 17,913.25	\$ 32.22	27.800	\$ 136.74	\$ 895.66
VISITS - DIAGNOSTIC	89	386	4,328.25	11.21	19.300	48.63	216.41
ORAL SURGERY	16	38	2,209.00	58.13	1.900	138.06	110.45
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.100	100.00	10.00
PERIODONTICS	8	10	1,554.00	155.40	.500	194.25	77.70
ENDODONTICS	4	9	1,722.00	191.33	.450	430.50	86.10
RESTORATIVE DENTISTRY	31	73	4,405.00	60.34	3.650	142.10	220.25
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	10	27	3,040.00	112.59	1.350	304.00	152.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	7	455.00	65.00	.350	91.00	22.75
ALL OTHER SERVICES	4	4	.00	.00	.200	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 13,126
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04

MOP024	FEE-FOR-SERVICE	7/DENIAL										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	JICES FOR	CASH GR	ANT - 1	BLIND		AID CODE	20				
								MO	IHTNC	LY AVERA	GE	
20 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S CO	OST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2		7	\$	149.57	\$	21.37	.350	\$	74.79	\$	7.48
DIAGNOSTIC AND ANC. PROCED	2		2	·	94.90	•	47.45	.100	•	47.45		4.75
EYE APPLIANCES	1		5		54.67		10.93	.250		54.67		2.73
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		Ö	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0		Ö	٧	.00	~	.00	.000	~	.00	٧	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	Ċ	.00	بخ	.00
MEDICINE/INJECTIONS	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0									
RADIO./PATHOLOGY	0				.00		.00	.000		.00		.00
OTHER	0		0		.00	_	.00	.000	_	.00	_	.00
@HOME HEALTH AGENCY	1		8 0 0 0 0 5	Ş	542.11	\$	67.76	.400			\$	27.11
NURSE ANESTHESIST	0		0	* \$ \$ \$ \$ \$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	2		5	\$	917.28	\$	183.46	.250	\$	458.64	\$	45.86
HOSP INPATIENT TOTAL	2		5		917.28		183.46	.250		458.64		45.86
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		Ō		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2		5		917.28		183.46	.250		458.64		45.86
ALL OTHER INPATIENT	0		Ō		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		Ô		.00		.00	.000		.00		.00
MEDICAL	0		Ö		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00			.00		
RADIOLOGY	0		0					.000				.00
ROOM USE	0				.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0	4	.00		.00	.000		.00		.00
©COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
			0				.00	.000		.00		
CO HOSP OUTPATIENT TOTAL	0		U		.00					. ()()		.00

SURGERY	0		0		.0	20		.00	.000		.00		.00
PATHOLOGY	0		0			00		.00	.000		.00		.00
RADIOLOGY	0		Ô			00		.00	.000		.00		.00
ROOM USE	0		0		.0			.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0			00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPE	NDITUR	RES MO			PORT F			DEC	2003	P	AGE 13,127
MOP024	FEE-FOR-SERVICE	/DENTAL											01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR C	ASH GR	RANT -	- BLIND		A	ID CODE	20				
									M	IONT	HLY AVERA	GE ·	
20 ELIGIBLES	USERS	UNITS OF S	ERVICE	2	EXPENDITURE	ES	AVERA	GE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS O		3				VAC/TIN	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2		5	\$	917.2			83.46	.250	\$	458.64	\$	45.86
COMM HOSP INPATIENT TOTAL	2		5		917.2		1	83.46	.250		458.64		45.86
HSC HOSPITALS	0		0		.0			.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.0			.00	.000		.00		.00
ACCOMMODATIONS	0		0		.0			.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.0			.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.0			.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.0			.00	.000		.00		.00
ANCILLARIES	0		0			0.0		.00	.000		.00		.00
INPATIENT CROSSOVERS	2		5		917.2		1	83.46	.250		458.64		45.86
ALL OTHER INPATIENT	0		0			0.0		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.0			.00	.000		.00		.00
MEDICAL	0		0		.0			.00	.000		.00		.00
SURGERY	0		0		.0			.00	.000		.00		.00
PATHOLOGY	0		0		.0			.00	.000		.00		.00
RADIOLOGY	0		0		. C			.00	.000		.00		.00
ROOM USE	0		0			00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	0		0	\$		00	\$.00	.000	Ś	.00	\$.00
MENTALLY ILL	0		0	Ą		00	Ş	.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0		0		.0			.00	.000		.00		.00
@NURSING FACILITY	1		6	\$	691.2		\$ 1	15.21	.300	Ġ	691.26	\$	34.56
LEV A-INTERMEDIATE	0		0	Ą	.0		γ <u>τ</u>	.00	.000	Ą	.00	Ą	.00
LEV B-REHAB MD	0		0		.0			.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.0			.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.0			.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.0			.00	.000		.00		.00
LEV B-REGULAR	1		6		691.2		1	15.21	.300		691.26		34.56
@INTERMEDIATE CARE FACILDD	1		28	\$	4,176.7			49.17	1.400	Ś	4176.76	\$	208.84
ICF DDH	1		28	Υ	4,176.7			49.17	1.400	~	4176.76	~	208.84
			-0		-,-,0.,		_	• ·	1.100				

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	5		917.28		183.46	.250		458.64		45.86
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	·	.00	•	.00	.000	•	.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	6	\$	691.26	\$	115.21	.300	\$	691.26	\$	34.56
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000		.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	6		691.26		115.21	.300		691.26		34.56
@INTERMEDIATE CARE FACILDD	1	28	\$	4,176.76	\$	149.17	1.400	\$	4176.76	\$	208.84
ICF DDH	1	28	·	4,176.76	•	149.17	1.400	•	4176.76	•	208.84
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	•	.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	11	\$	231.80	\$	21.07	.550	\$	77.27	\$	11.59
PATHOLOGY	3	11	•	231.80	•	21.07	.550		77.27		11.59
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	226	296	\$	50,973.68	\$	172.21	14.800	\$	225.55	\$	2548.68
CLINIC	1	1		32.62		32.62	.050		32.62		1.63
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	225	295		50,941.06		172.68	14.750		226.40		2547.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E		JRES MO		REPORT			DEC		P	PAGE 13,128
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
CANTA DADDADA COIM	CIMMADY OF CEDITORS FOR	CACH	ידיז ג סי	DT TND		ATD CODI	7 2 O				• •

MOP024 SANTA BARBARA COUN

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CASH GRANT - BLIND

								1.1	OIAII	אינהיא דחוו	.CL	
20 ELIGIBLES		ITS OF SERVI		E	XPENDITURES	AVE	ERAGE COST	UNITS/DAY	S (COST PER		COST PER
	0:	R DAYS OF CAI	RE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	189	1,297	\$		72,593.31	\$	55.97	64.850	\$	384.09	\$	3629.67
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	2			58.14		29.07	.100		29.07		2.91
MEDICAL TRANSPORTATION	0	0			.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	11	202			13,996.07		69.29	10.100		1272.37		699.80
GENETIC DISEASE TESTING	1	1			105.00		105.00	.050		105.00		5.25
IHMC, MODEL-NF, NF, AIDS, MSSP	167	1,002			57,519.83		57.41	50.100		344.43		2875.99
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	0	0			.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
ORTHOTICS	0	0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	8	90			914.27		10.16	4.500		114.28		45.71
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0			.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	0	\$		917.28	\$.00	.000	\$	458.64	\$	45.86
@* TOTALS IN THESE LINES ARE GIVE	EN AS A SEPARATE	INFORMATION	ITEN	ONLY;								

----- MONTHLY AVERAGE -----

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,129
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

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					MON	NTHLY AVERA	GE
653 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	19,925	221,852 \$	5,428,411.37	\$ 24.47	339.743	272.44	\$ 8313.03
@PHYSICIANS SERVICES	162	420 \$	14,900.37	\$ 35.48	.643	91.98	\$ 22.82
OUTPATIENT VISITS	85	105	5,456.59	51.97	.161	64.20	8.36
OFFICE VISITS	33	38	1,724.03	45.37	.058	52.24	2.64
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	49	61	3,532.04	57.90	.093	72.08	5.41
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	6	200.52	33.42	.009	33.42	.31
INPATIENT VISITS	21	42	2,158.51	51.39	.064	102.79	3.31
HOSPITAL VISITS	6	14	763.91	54.57	.021	127.32	1.17
CRITICAL CARE	1	4	486.40	121.60	.006	486.40	.74
SNF/ICF/TRANS IP CARE	14	24	908.20	37.84	.037	64.87	1.39
OPHTHALMOLOGICAL SERVICES	2	2	115.58	57.79	.003	57.79	.18
EXAMINATIONS	2	2	115.58	57.79	.003	57.79	.18
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	6	1,389.83	231.64	.009	463.28	2.13
PRINCIPAL SURGEON	2	2	1,243.85	621.93	.003	621.93	1.90

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	145.98	36.50	.006	145.98	.22
	5	16	583.49	36.47	.025		
OUTPATIENT SURGERY						116.70	.89
PRINCIPAL SURGEON	3	3	343.07	114.36	.005	114.36	.53
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13	240.42	18.49	.020	120.21	.37
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	75	162.84	2.17	.115	16.28	.25
RADIOLOGY	39	83	3,225.84	38.87	.127	82.71	4.94
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
	42	91	1,807.69	19.86	.139	43.04	2.77
OTHER SERVICES/ALL X-OVERS							
@PHARMACY	1,306	35,185 \$	426,088.87	\$ 12.11	53.882	•	\$ 652.51
PRESCRIPTION DRUGS	1,166	2,533	397,577.96	156.96	3.879	340.98	608.85
SNF/ICF	74	263	31,062.34	118.11	.403	419.76	47.57
OUTPATIENTS	1,102	2,270	366,515.62	161.46	3.476	332.59	561.28
MEDICAL SUPPLIES	154	32,652	28,510.91	.87	50.003	185.14	43.66
@DENTIST	5,810	25,401 \$	989,943.48	\$ 38.97	38.899		\$ 1515.99
VISITS - DIAGNOSTIC	3,819	15,897	188,631.49	11.87	24.345	49.39	288.87
ORAL SURGERY	892	2,322	116,001.97	49.96	3.556	130.05	177.64
DRUGS	63	76	1,728.40	22.74	.116	27.43	2.65
ANESTHESIA	73	76	5,719.00	75.25	.116	78.34	8.76
	356			142.50			
PERIODONTICS		413	59,300.00	143.58	.632	166.57	90.81
ENDODONTICS	360	513	104,201.50	203.12	.786	289.45	159.57
RESTORATIVE DENTISTRY	1,666	4,171	332,540.25	79.73	6.387	199.60	509.25
PROSTHETICS	64	69	1,975.00	28.62	.106	30.86	3.02
DENTURES, STAYPLATES	479	1,572	170,379.33	108.38	2.407	355.70	260.92
SPACE MAINTAINERS	10	10	1,070.00	107.00	.015	107.00	1.64
		17					
MAXILLOFACIAL SERVICES	14		1,381.54	81.27	.026	98.68	2.12
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
						0011	
ORTHODONTIC SERVICES	70	85	6,940.00	81.65	.130	99.14	10.63
ALL OTHER SERVICES	120	180	75.00	.42	.276	.63	.11
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	120 MEDI-CAL SERVIO	180 CES AND EXPENDITURES I	75.00	.42	.276	.63	.11 PAGE 13,130
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	120 MEDI-CAL SERVICE FEE-FOR-SERVICE	180 CES AND EXPENDITURES I E/DENTAL	75.00 MONTH-OF-PAYMENT RI	.42 EPORT FOR JAN	.276 2003 THRU D	.63	.11
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	120 MEDI-CAL SERVICE FEE-FOR-SERVICE	180 CES AND EXPENDITURES I	75.00 MONTH-OF-PAYMENT RI	.42	.276 2003 THRU D	.63 EC 2003	.11 PAGE 13,130 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	120 MEDI-CAL SERVICE FEE-FOR-SERVICE	180 CES AND EXPENDITURES I E/DENTAL	75.00 MONTH-OF-PAYMENT RI	.42 EPORT FOR JAN	.276 2003 THRU D	.63	.11 PAGE 13,130 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	120 MEDI-CAL SERVICE FEE-FOR-SERVICE	180 CES AND EXPENDITURES I E/DENTAL	75.00 MONTH-OF-PAYMENT RI	.42 EPORT FOR JAN	.276 2003 THRU D : 60	.63 EC 2003 NTHLY AVERA	.11 PAGE 13,130 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	180 CES AND EXPENDITURES IN EXPENDENTAL VICES FOR CASH GRANT UNITS OF SERVICE	75.00 MONTH-OF-PAYMENT RI - DISABLED	.42 EPORT FOR JAN AID CODE AVERAGE COST	.276 2003 THRU D : 60 MO : UNITS/DAYS	.63 EC 2003 NTHLY AVERA COST PER	.11 PAGE 13,130 01/29/04 GE COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	180 CES AND EXPENDITURES I E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY	.276 2003 THRU D 60 MO UNITS/DAYS PER ELIG	.63 EC 2003 NTHLY AVERA COST PER USER	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 48	180 CES AND EXPENDITURES I E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30	.276 2003 THRU D 2 60 MO UNITS/DAYS 7 PER ELIG .175	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 48 28	180 CES AND EXPENDITURES I E/DENTAL /ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22	.276 2003 THRU D : 60 MO : UNITS/DAYS : PER ELIG .175 .041	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34	180 CES AND EXPENDITURES I E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27 86	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85	.276 2003 THRU D : 60 MO : UNITS/DAYS : PER ELIG .175 .041 .132	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1	180 CES AND EXPENDITURES I E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27 86 1	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41	.276 2003 THRU D : 60 MO : UNITS/DAYS : PER ELIG .175 .041 .132 .002	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34	180 CES AND EXPENDITURES IN EX	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85	.276 2003 THRU D : 60 MO : UNITS/DAYS : PER ELIG .175 .041 .132 .002	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1	180 CES AND EXPENDITURES IN EX	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72	.276 2003 THRU D : 60 MO : UNITS/DAYS : PER ELIG .175 .041 .132 .002 .005	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1 1	180 CES AND EXPENDITURES IN EX	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16 50.16	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72 16.72	.276 2003 THRU D 2 60 MO 2 UNITS/DAYS 4 PER ELIG .175 .041 .132 .002 .005 .005	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08 .08
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1	180 CES AND EXPENDITURES IN EX	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16 50.16 .00	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72 16.72 .00	.276 2003 THRU D 3 60 MO 5 UNITS/DAYS 7 PER ELIG .175 .041 .132 .002 .005 .005	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16 50.16	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08 .08 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1 1 1 0 4	180 CES AND EXPENDITURES I E/DENTAL /ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27 86 1 3 \$ 3 0 4 \$	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16 50.16 .00 56.19	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72 16.72 .00 \$ 14.05	.276 2003 THRU D 3 60 MO 5 UNITS/DAYS 7 PER ELIG .175 .041 .132 .002 .005 .005 .000	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16 50.16 .00 \$ 14.05	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08 .08 .00 \$.09
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1 1 0 4 1	180 CES AND EXPENDITURES I E/DENTAL /ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27 86 1 3 \$ 3 0 4 \$ 1	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16 50.16 .00 56.19 21.40	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72 16.72 .00 \$ 14.05 21.40	.276 2003 THRU D 2 60 MO 2 UNITS/DAYS 2 PER ELIG .175 .041 .132 .002 .005 .005 .000 .006 .002	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16 50.16 .00 \$ 14.05 21.40	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08 .08 .00 \$.09 .03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1 1 0 4 1 0	180 CES AND EXPENDITURES I E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27 86 1 3 \$ 3 0 4 \$ 1 0	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16 50.16 .00 56.19	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72 16.72 .00 \$ 14.05	.276 2003 THRU D 3 60 MO 5 UNITS/DAYS 7 PER ELIG .175 .041 .132 .002 .005 .005 .000	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16 50.16 .00 \$ 14.05	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08 .08 .00 \$.09
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1 1 0 4 1	180 CES AND EXPENDITURES I E/DENTAL /ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27 86 1 3 \$ 3 0 4 \$ 1	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16 50.16 .00 56.19 21.40 .00	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72 16.72 .00 \$ 14.05 21.40 .00	.276 2003 THRU D	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16 50.16 .00 \$ 14.05 21.40 .00	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08 .00 \$.09 .00 \$.09
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1 0 4 1 0 0 0	180 CES AND EXPENDITURES IN E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27 86 1 3 \$ 3 0 4 \$ 1 0 0	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16 50.16 .00 56.19 21.40 .00 .00	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72 16.72 .00 \$ 14.05 21.40 .00 .00	.276 2003 THRU D	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16 50.16 .00 \$ 14.05 21.40 .00 .00	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08 .00 \$.09 .00 \$.09
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1 1 0 4 1 0 3	180 CES AND EXPENDITURES IN E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27 86 1 3 \$ 3 0 4 \$ 1 0 0 3	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16 50.16 .00 56.19 21.40 .00 .00 34.79	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72 16.72 .00 \$ 14.05 21.40 .00 .00 .11.60	.276 2003 THRU D	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16 50.16 .00 \$ 14.05 21.40 .00 .00 11.60	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08 .00 \$.09 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1 1 0 4 1 0 3 2	180 CES AND EXPENDITURES IN E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27 86 1 3 \$ 3 0 4 \$ 1 0 0 3 4 \$	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16 50.16 .00 56.19 21.40 .00 .00 34.79 299.44	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72 16.72 16.72 .00 \$ 14.05 21.40 .00 .00 11.60 \$ 74.86	.276 2003 THRU D .60 MO .7 UNITS/DAYS .175 .041 .132 .002 .005 .005 .000 .006 .002 .000 .006 .000 .006 .000	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16 50.16 .00 \$ 14.05 21.40 .00 .00 11.60 \$ 149.72	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08 .00 \$.09 .03 .00 .00 .05 \$.46
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1 1 0 4 1 0 0 3 2 0	180 CES AND EXPENDITURES IN E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27 86 1 3 \$ 3 0 4 \$ 1 0 0 3 4 \$ 0 5	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16 50.16 .00 56.19 21.40 .00 .00 34.79 299.44 .00	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72 16.72 .00 \$ 14.05 21.40 .00 .00 11.60 \$ 74.86 \$.00	.276 2003 THRU D .60 MO .7 UNITS/DAYS .7 PER ELIG .175 .041 .132 .002 .005 .005 .000 .006 .002 .000 .006 .002	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16 50.16 .00 \$ 14.05 21.40 .00 .00 11.60 \$ 149.72	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08 .08 .00 \$.09 .03 .00 .00 .05 \$.46 \$.00
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1 1 0 4 1 0 3 2 0 0 0 0	180 CES AND EXPENDITURES IN E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27 866 1 3 \$ 3 \$ 0 4 \$ 1 00 0 3 4 \$ 1 00 0 5 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16 50.16 .00 56.19 21.40 .00 .00 34.79 299.44 .00 .00 .00 .00	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72 16.72 .00 \$ 14.05 21.40 .00 .00 11.60 \$ 74.86 \$.00	.276 2003 THRU D 2 60 MO 2 UNITS/DAYS 2 PER ELIG .175 .041 .132 .002 .005 .005 .000 .006 .002 .000 .000 .000 .000 .000	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16 50.16 .00 \$ 14.05 21.40 .00 .00 1.60 \$ 149.72 \$.00 \$.00 \$.00	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08 .08 .00 \$.09 .03 .00 .00 .05 \$.46 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1 1 0 4 1 0 3 2 0 0 0	180 CES AND EXPENDITURES IN E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27 86 1 3 \$ 3 0 4 \$ 1 0 0 3 4 \$ 0 5 0 \$ 0 \$ 0 \$	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16 50.16 .00 56.19 21.40 .00 .00 34.79 299.44 .00 .00	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72 16.72 000 \$ 14.05 21.40 00 000 11.60 \$ 74.86 \$.00 \$.00	.276 2003 THRU D .60 MO .7 UNITS/DAYS .7 PER ELIG .175 .041 .132 .002 .005 .005 .000 .006 .002 .000 .000 .000 .000 .000	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16 50.16 .00 \$ 14.05 21.40 .00 .00 11.60 \$ 149.72 \$.00 \$.00	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08 .08 .00 \$.09 .03 .00 .00 .05 \$.46 \$.00 \$.00
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1 0 4 1 0 0 3 2 0 0 0 208	180 CES AND EXPENDITURES IN E/DENTAL //ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27 866 1 3 \$ 3 0 0 4 \$ 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16 50.16 .00 56.19 21.40 .00 .00 .34.79 299.44 .00 .00 .00 .00 .00 .00 .00 .00 .00	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72 16.72 000 \$ 14.05 21.40 000 000 11.60 \$ 74.86 \$.00	.276 2003 THRU D 2 60 MO 2 UNITS/DAYS 2 PER ELIG .175 .041 .132 .002 .005 .005 .000 .006 .002 .000 .000 .000 .000 .000	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16 50.16 .00 \$ 14.05 21.40 .00 .00 11.60 \$ 149.72 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08 .00 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1 1 0 0 4 1 0 0 0 3 2 0 0 0 208 118	180 CES AND EXPENDITURES IN E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27 86 1 3 \$ 3 0 4 \$ 1 0 0 6 0 3 4 \$ 1 0 \$ 0 \$ 0 \$ 1,068 \$ 625	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16 50.16 .00 56.19 21.40 .00 .00 .00 .34.79 299.44 .00 .00 .00 .00 .00 .00 .00 .00 .00	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72 16.72 .00 \$ 14.05 21.40 .00 .00 11.60 \$ 74.86 \$.00	.276 2003 THRU D 3 60 MO 5 UNITS/DAYS 7 PER ELIG .175 .041 .132 .002 .005 .005 .006 .000 .000 .000 .000 .000	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16 50.16 .00 \$ 14.05 21.40 .00 .00 11.60 \$ 149.72 \$.00	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08 .00 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1 1 0 0 4 1 0 0 208 118 5	180 CES AND EXPENDITURES IN E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27 86 1 3 \$ 3 0 4 \$ 1 0 0 0 3 4 \$ 1 0 0 0 0 5 0 \$ 1,068 \$ 625 31	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16 50.16 .00 56.19 21.40 .00 .00 34.79 299.44 .00 .00 .00 .00 .00 .00 .00 .00 .00	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72 16.72 .00 \$ 14.05 21.40 .00 .00 \$ 11.60 \$ 74.86 \$.00 \$.276 2003 THRU D 3 60 MO 3 UNITS/DAYS 4 PER ELIG .175 .041 .132 .002 .005 .005 .000 .006 .002 .000 .000 .000 .000 .000	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16 50.16 .00 \$ 14.05 21.40 .00 .00 11.60 \$ 149.72 \$.00	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08 .00 \$.00 \$.00 .00 .05 \$.46 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1 1 0 0 4 1 0 0 208 118 5	180 CES AND EXPENDITURES IN E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27 86 1 3 \$ 3 0 4 \$ 1 0 0 3 4 \$ 1 0 0 5 0 5 1,068 \$ 625 31 33	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16 50.16 .00 56.19 21.40 .00 .00 .34.79 299.44 .00 .00 .00 .00 .00 .00 .00 .00 .00	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72 16.72 10.00 \$ 14.05 21.40 00 11.60 \$ 74.86 \$.00	.276 2003 THRU D 3 60 MO 5 UNITS/DAYS 7 PER ELIG .175 .041 .132 .002 .005 .005 .000 .006 .002 .000 .000 .000 .000 .000	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16 50.16 .00 \$ 14.05 21.40 .00 .00 11.60 \$ 149.72 \$.00	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08 .00 \$.00 \$.00 \$.00 .05 \$.46 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 653 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	120 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 48 28 34 1 1 1 0 0 4 1 0 0 208 118 5	180 CES AND EXPENDITURES IN E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 114 \$ 27 86 1 3 \$ 3 0 4 \$ 1 0 0 0 3 4 \$ 1 0 0 0 0 5 0 \$ 1,068 \$ 625 31	75.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 2,428.28 1,139.96 1,276.91 11.41 50.16 50.16 .00 56.19 21.40 .00 .00 34.79 299.44 .00 .00 .00 .00 .00 .00 .00 .00 .00	.42 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.30 42.22 14.85 11.41 \$ 16.72 16.72 .00 \$ 14.05 21.40 .00 .00 \$ 11.60 \$ 74.86 \$.00 \$.276 2003 THRU D 3 60 MO 3 UNITS/DAYS 4 PER ELIG .175 .041 .132 .002 .005 .005 .000 .006 .002 .000 .000 .000 .000 .000	.63 EC 2003 NTHLY AVERA COST PER USER \$ 50.59 40.71 37.56 11.41 \$ 50.16 50.16 .00 \$ 14.05 21.40 .00 .00 11.60 \$ 149.72 \$.00	.11 PAGE 13,130 01/29/04 GE COST PER ELIGIBLE \$ 3.72 1.75 1.96 .02 \$.08 .00 \$.00 \$.00 .00 .05 \$.46 \$.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	33	28,536.95	864.76	.051	5707.39	43.70
ANCILLARIES	5	0	28,658.31	.00	.000	5731.66	43.89
INPATIENT CROSSOVERS	108	561	100,243.99	178.69	.859	928.19	153.51
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	91	443	10,116.74	22.84	.678	111.17	15.49
MEDICAL	24	32	950.54	29.70	.049	39.61	1.46
SURGERY	1	1	51.29	51.29	.002	51.29	.08
PATHOLOGY	30	144	1,432.30	9.95	.221	47.74	2.19
RADIOLOGY	28	45	3,014.52	66.99	.069	107.66	4.62
ROOM USE	53	70	2,373.34	33.90	.107	44.78	3.63
CROSSOVERS/ALL OTH OUTPTNT	51	151	2,294.75	15.20	.231	45.00	3.51
@COUNTY HOSPITAL TOTAL	11	44	\$ 1,022.73	\$ 23.24	.067	\$ 92.98	\$ 1.57
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	11	44		1,022.73		23.24	.067		92.98		1.57
MEDICAL	9	12		289.39		24.12	.018		32.15		. 44
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	12		167.77		13.98	.018		55.92		. 26
RADIOLOGY	2	4		120.42		30.11	.006		60.21		.18
ROOM USE	9	12		408.08		34.01	.018		45.34		.62
CROSSOVERS/ALL OTH OUTPTNT	4	4		37.07		9.27	.006		9.27		.06
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	RES I	MONTH-OF-PAYMENT R	REPOR'	T FOR JAN	2003 THRU	DEC	2003	Р	AGE 13,131
MOP024	FEE-FOR-SERVICE										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR CASH G	RANT	- DISABLED		AID CODE	60				
							M	ONTH	LY AVERA	GE	
653 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	s c	OST PER		COST PER
		OR DAYS OF CAR	Ε		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	200	1,024	\$	194,479.26	\$		1.568	\$	972.40	\$	297.82
COMM HOSP INPATIENT TOTAL	118	625		185,385.25		296.62	.957		1571.06		283.90
HSC HOSPITALS	5	31 33 33 0 0 33 0 561		27,946.00		901.48	.047		5589.20		42.80
NON-HSC HOSPITALS TOTAL	5	33		57,195.26		1733.19	.051	1	1439.05		87.59
ACCOMMODATIONS	5	33		28,536.95		864.76	.051		5707.39		43.70
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	33		28,536.95		864.76	.051		5707.39		43.70
ANCILLARIES	5 108	0		28,658.31		.00	.000		5731.66		43.89
INPATIENT CROSSOVERS	108	561		100,243.99		178.69	.859		928.19		153.51
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	83	399		9,094.01		22.79	.611		109.57		13.93
MEDICAL	16	20		661.15		33.06	.031		41.32		1.01
SURGERY	1	1		51.29		51.29	.002		51.29		.08
PATHOLOGY	27	132		1,264.53		9.58	.202		46.83		1.94
RADIOLOGY	26	41		2,894.10		70.59	.063		111.31		4.43
ROOM USE	46	58		1,965.26		33.88	.089		42.72		3.01
CROSSOVERS/ALL OTH OUTPTNT	47	147		2,257.68		15.36	.225		48.04		3.46
@STATE HOSPITAL	2	57	\$	40,598.82	\$	712.26	.087	\$ 2	0299.41	\$	62.17
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	2	57		40,598.82		712.26	.087		0299.41		62.17
@NURSING FACILITY	12	254	\$	43,037.52	\$	169.44	.389	\$		\$	65.91
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	31		17,982.17		580.07	.047	1	7982.17		27.54
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	11	223		25,055.35		112.36	.342		2277.76		38.37
@INTERMEDIATE CARE FACILDD	8	139	\$	21,813.66	\$	156.93			2726.71	\$	33.41
ICF DDH	4	56		8,353.52		149.17	.086		2088.38		12.79
ICF DD	1	31		3,994.66		128.86	.047		3994.66		6.12

52 1

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\$

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424.26

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12.49

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.080

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.002

.015

.078

.093 \$

.296 \$

3155.16

424.26

73.88

111.85

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97.61 \$

49.21 \$

.002 \$ 424.26 \$

14.50

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.34

.86

3.69

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

@LABORATORY FACILITY

PATHOLOGY	49	193	2,411.31	12.49	.296	49.21	3.69	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	12,205	17,264 \$	2,965,172.75	\$ 171.75	26.438	\$ 242.95	\$ 4540.85	
CLINIC	13	24	1,343.35	55.97	.037	103.33	2.06	
SURGICENTER	1	1	66.33	66.33	.002	66.33	.10	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	12,195	17,239	2,963,763.07	171.92	26.400	243.03	4538.69	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU D	EC 2003	PAGE 13,132	
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04	
SANTA BARBARA COUN	SUMMARY OF SERVICE	ES FOR CASH GRAN	IT - DISABLED	AID COD	E 60			
					MO	NTHLY AVERA	GE	
CES DITATRIBA	TICEDO III	TTTC OF CFDITTOF	EADEMDIAIDEC	ATTED ACE COC	T TINTETIC / DAVC	COCH DED	COCH DED	

						M	ONTHLY AVERA	GE
653 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE	:		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,029	141,684	\$	724,903.37	\$ 5.12	216.974	\$ 357.27	\$ 1110.11
DURABLE MED. EQUIP.	1	2		283.69	141.85	.003	283.69	.43
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	35	387		3,902.40	10.08	.593	111.50	5.98
AMBULANCES/AIR TRANS	27	206		3,236.04	15.71	.315	119.85	4.96
OTHER TRANS	7	174		576.72	3.31	.266	82.39	.88
OTHER SERVICES	1	7		89.64	12.81	.011	89.64	.14
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	155	2,362		163,357.22	69.16	3.617	1053.92	250.16
GENETIC DISEASE TESTING	10	10		1,050.00	105.00	.015	105.00	1.61
IHMC, MODEL-NF, NF, AIDS, MSSP	637	11,412		372,085.03	32.60	17.476	584.12	569.81
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	14	39		829.07	21.26	.060	59.22	1.27
PHYSICAL THERAPIST	1	7		5.82	.83	.011	5.82	.01
PORTABLE X-RAY	1	3		81.00	27.00	.005	81.00	.12
PROSTHETIST/ORTHOTISTS	1	2		152.02	76.01	.003	152.02	.23
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	1	2		152.02	76.01	.003	152.02	.23
PSYCHOLOGIST	45	277		6,792.65	24.52	.424	150.95	10.40
SPEECH AND AUDIOLOGY	3	11		321.16	29.20	.017	107.05	.49
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,055	18,818		152,422.17	8.10	28.818	144.48	233.42
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	102	108,354		23,621.14	.22	165.933	231.58	36.17
@CALIF. CHILDREN SERVICES*	26	770	\$	5,928.94	\$ 7.70	1.179	\$ 228.04	\$ 9.08
@XOVER EXCLUDING STATE HOSP**	163	249	\$	105,697.40	\$ 424.49	.381	\$ 648.45	\$ 161.86

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,133 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

BINITI BINGING COOK	DOINING OF DEED	VICED FOR COL 30	55 5.	J 10 12 JII JII JI .	310 30 3W 10	10					
							MON	THLY AVERA	ιGΕ		
1,497 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE C	OST UNITS/D	AYS	COST PER		COST PER	
		OR DAYS OF CARE	C		PER UNIT/	DAY PER EL	IG	USER		ELIGIBLE	
@TOTAL, ALL PROVIDERS	15,640	58,555	\$	2,728,302.26	\$ 46.5	9 39.11	5 \$	174.44	\$	1822.51	
@PHYSICIANS SERVICES	207	392	\$	16,486.74	\$ 42.0	6 .26	2 \$	79.65	\$	11.01	
OUTPATIENT VISITS	169	224		8,594.92	38.3	7.15	0	50.86		5.74	
OFFICE VISITS	107	139		4,966.59	35.7	3 .09	3	46.42		3.32	
HOME VISITS	2	2		90.42	45.2	1 .00	1	45.21		.06	
EMERGENCY ROOM	63	71		3,132.80	44.1	2 .04	7	49.73		2.09	
PREVENTIVE CARE	4	4		230.27	57.5	7 .00	3	57.57		.15	
OB VISITS/COMPRE PERI	2	4		33.10	8.2	8 .00	3	16.55		.02	

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	4	4	141.74	35.44	.003	35.44		.09
INPATIENT VISITS	6	14	1,078.94	77.07	.009	179.82		.72
HOSPITAL VISITS	6	12	672.30	56.03	.008	112.05		.45
CRITICAL CARE	1	2	406.64	203.32	.001	406.64		.27
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
	0							
OPHTHALMOLOGICAL SERVICES	2	2	115.58	57.79	.001	57.79		.08
EXAMINATIONS	2	2	115.58	57.79	.001	57.79		.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	5	7	2,982.42	426.06	.005	596.48		1.99
PRINCIPAL SURGEON	4	4	2,721.84	680.46	.003	680.46		1.82
ASSISTANT SURGEON	1	1	186.50	186.50	.001	186.50		.12
ANESTHESIOLOGIST	1	2	74.08	37.04	.001	74.08		.05
OUTPATIENT SURGERY	12	19	1,420.63	74.77	.013	118.39		.95
	12	19	•					
PRINCIPAL SURGEON			1,266.02	105.50	.008	115.09		.85
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	7	154.61	22.09	.005	77.31		.10
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	21	46	331.56	7.21	.031	15.79		.22
RADIOLOGY	32	45	852.04	18.93	.030	26.63		.57
PSYCHIATRY	1	7	269.24	38.46	.005	269.24		.18
	2	2	23.93	11.97	.001			.02
IMMUNIZATION AND INJECTION						11.97		
OTHER SERVICES/ALL X-OVERS	19	26	817.48	31.44	.017	43.03		.55
@PHARMACY	528	1,506 \$	107,965.43	\$ 71.69	1.006 \$		\$	72.12
PRESCRIPTION DRUGS	524	1,495	107,703.50	72.04	.999	205.54		71.95
SNF/ICF	7	29	2,697.29	93.01	.019	385.33		1.80
OUTPATIENTS	523	1,466	105,006.21	71.63	.979	200.78		70.14
MEDICAL SUPPLIES	7	11	261.93	23.81	.007	37.42		.17
@DENTIST	7,135	36,980 \$	1,077,561.70	\$ 29.14	24.703 \$		\$	719.81
VISITS - DIAGNOSTIC	5,068	24,628	336,245.33	13.65	16.452	66.35	Ÿ	224.61
						00.33		
ORAL SURGERY	979	1,732	94,087.00	54.32	1.157	96.11		62.85
DRUGS	827	1,087	25,956.00	23.88	.726	31.39		17.34
ANESTHESIA	125	130	11,370.00	87.46	.087	90.96		7.60
PERIODONTICS	108	115	13,867.75	120.59	.077	128.41		9.26
ENDODONTICS	717	1,229	138,118.40	112.38	.821	192.63		92.26
RESTORATIVE DENTISTRY	2,574	7,146	396,994.50	55.55	4.774	154.23		265.19
PROSTHETICS	14	14	350.00	25.00	.009	25.00		.23
DENTURES, STAYPLATES	44	179	11,884.00	66.39	.120	270.09		7.94
	84	98	•					7.67
SPACE MAINTAINERS			11,480.00	117.14	.065	136.67		
MAXILLOFACIAL SERVICES	23	22	1,162.08	52.82	.015	50.53		.78
FRACTURES, DISLOCATIONS	1	1	.00	.00	.001	.00		.00
ORTHODONTIC SERVICES	353	403	35,746.64	88.70	. 269	101.27		23.88
ALL OTHER SERVICES	109	196	300.00	1.53	.131	2.75		.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DEC		PΖ	AGE 13,134
MOP024	FEE-FOR-SERVICE							01/29/04
SANTA BARBARA COUN		ICES FOR CGF 30-33 35	40 42 3A-3M 3D	3P 3II 3W 4C-4G				01/25/01
SANTA BANBANA COUN	SUMMART OF SERV	ICES FOR CGF 30-33 33	40 42 JA-JM JF .	3K 30 3W 4C-4G	MONT	ת משתלא אל דווד	C F	
1 407 BITGIBIEG	HGBBG	IDITES OF SERVICE		ATTERNACE COCE				
1,497 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		COST PER
	_	OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	65	131 \$	3,516.03	\$ 26.84	.088 \$	54.09	\$	2.35
DIAGNOSTIC AND ANC. PROCED	51	52	2,253.12	43.33	.035	44.18		1.51
EYE APPLIANCES	41	79	1,262.91	15.99	.053	30.80		.84
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
	•	•	. 50					

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1,497 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	65	131 \$	3,516.03	\$ 26.84	.088 \$	54.09	\$ 2.35
DIAGNOSTIC AND ANC. PROCED	51	52	2,253.12	43.33	.035	44.18	1.51
EYE APPLIANCES	41	79	1,262.91	15.99	.053	30.80	.84
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1 \$	55.64	\$ 55.64	.001 \$	55.64	\$.04
MEDICINE/INJECTIONS	1	1	55.64	55.64	.001	55.64	.04
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

SHOWE HEATEH ACENCY	1	2	<u>ب</u>	104.00	4	52.50	0.01	4	104.99	4	0.7
@HOME HEALTH AGENCY	0	2	ې d	104.99	\$.001	\$		Ģ	.07
NURSE ANESTHESIST		0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$.00	.000	\$.00		.00
FAMILY NURSE PRACTITIONER	1	2	\$	31.20	\$	15.60	.001	\$	31.20	\$.02
@TOTAL HOSPITAL	147	455	\$	18,610.82	\$	40.90	.304	\$	126.60	\$	12.43
HOSP INPATIENT TOTAL	3	9		6,968.45		774.27	.006		2322.82		4.65
HSC HOSPITALS	1	1		970.00		970.00	.001		970.00		.65
NON-HSC HOSPITAL TOTAL	2	8		5,998.45		749.81	.005		2999.23		4.01
ACCOMMODATIONS	2	8		2,343.72		292.97	.005		1171.86		1.57
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	ñ		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0 2 2	0		2,343.72		292.97	.005		1171.86		1.57
ANCILLARIES	2	0		3,654.73		.00	.000		1827.37		2.44
	2	0		•							
INPATIENT CROSSOVERS	U	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	144	446		11,642.37		26.10	.298		80.85		7.78
MEDICAL	40	52		1,939.09		37.29	.035		48.48		1.30
SURGERY	13	13		167.76		12.90	.009		12.90		.11
PATHOLOGY	40	151		1,806.82		11.97	.101		45.17		1.21
RADIOLOGY	44	60		2,380.24		39.67	.040		54.10		1.59
ROOM USE	100	118		4,408.06		37.36	.079		44.08		2.94
CROSSOVERS/ALL OTH OUTPTNT		52		940.40		18.08	.035		23.51		.63
@COUNTY HOSPITAL TOTAL	26	72	\$	2,413.57	\$	33.52	.048	Ś	92.83	Ś	1.61
CO HOSPITAL INPATIENT TOTAL		0	Υ	.00	Υ	.00	.000	Ψ	.00	٧	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
ACCOMMODATIONS	0	U		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	26	72		2,413.57		33.52	.048		92.83		1.61
MEDICAL	19	23		896.34		38.97	.015		47.18		.60
SURGERY	3	3		22.44		7.48	.002		7.48		.01
PATHOLOGY	4	5		28.18		5.64	.003		7.05		.02
RADIOLOGY	8	10		360.18		36.02	.007		45.02		.24
ROOM USE	22	27		951.48		35.24	.018		43.25		.64
		4		154.95		38.74	.003		51.65		.10
CROSSOVERS/ALL OTH OUTPTNT								DEG		_	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		ES MC	DNIH-OF-PAYMENI R	EPOR.	FOR JAN	2003 IHRU .	DEC	2003	P	AGE 13,135
MOP024	FEE-FOR-SERVICE/DEN					- 2 4 4					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES	S FOR CGF 30-	33 35	5 40 42 3A-3M 3P .	3R 31	J 3W 4C-4G					
							M				
1,497 ELIGIBLES		ITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		R DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	125	383	\$	16,197.25	\$	42.29	.256	\$		\$	10.82
COMM HOSP INPATIENT TOTAL	3	9		6,968.45		774.27	.006		2322.82		4.65
HSC HOSPITALS	1	1		970.00		970.00	.001		970.00		.65
NON-HSC HOSPITALS TOTAL	2	8		5,998.45		749.81	.005		2999.23		4.01
ACCOMMODATIONS	2	8		2,343.72		292.97	.005		1171.86		1.57
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	8		2,343.72		292.97	.005		1171.86		1.57
ANCILLARIES	2	0		3,654.73		.00			1827.37		2.44
INPATIENT CROSSOVERS	0						.000				
	_	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	122	374		9,228.80		24.68	.250		75.65		6.16
MEDICAL	21	29		1,042.75		35.96	.019		49.65		.70

SURGERY	10	10	145.32	14.53	.007	14.53	.10
PATHOLOGY	37	146	1,778.64	12.18	.098	48.07	1.19
RADIOLOGY	37	50	2,020.06	40.40	.033	54.60	1.35
ROOM USE	81	91	3,456.58	37.98	.061	42.67	2.31
CROSSOVERS/ALL OTH OUTPTNT	37	48	785.45	16.36	.032	21.23	.52
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	25	\$	586.01	\$	23.44	.017	\$	293.01	\$.39
HOSPITAL BASED	2	25		586.01		23.44	.017		293.01		.39
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	134	604	\$	7,742.49		12.82	.403	\$	57.78	\$	5.17
PATHOLOGY	134	604		7,742.49		12.82	.403		57.78		5.17
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6,313	8,764	\$	1,382,725.53	\$	157.77	5.854	\$	219.03	\$	923.66
CLINIC	29	136		3,283.82		24.15	.091		113.24		2.19
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6,284	8,628		1,379,441.71		159.88	5.764		219.52		921.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 13,136
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES F	OR CGF 3	0-33	35 40 42 3A-3M 3P	3R 3U	J 3W 4C-40	3				

----- MONTHLY AVERAGE -----1,497 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 6.475 \$ 48.34 \$ 75.43 @ALL OTHER PROVIDERS 2,336 9,693 112,915.68 \$ 11.65 2 3 46.08 .002 69.13 DURABLE MED. EQUIP. 138.25 .09 .00 .00 BLOOD BANK 0 0 .00 .000 .00 .00 .000 .00 HEARING AID DISPENSERS 0 0 .00 .00 13.95 1,938.77 .093 MEDICAL TRANSPORTATION 139 .95 .00 .00 .00 .000 .00 .000 .00 .000 103.37 .090 .00 .000 .00 .000 121.17 1.30 AMBULANCES/AIR TRANS 139 1,938.77 121.17 .00 OTHER TRANS 0 0 .00 .00 OTHER SERVICES Ω .00 .00 .00 0 .00 .00 .00 ACUPUNCTURE .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 134 13,851.00 103.37 GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .00 OPTICIAN 923.73 51.32 .62 PHYSICAL THERAPIST 12 192.13 16.01 .008 192.13 .13 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 .00 0 .000 PROSTHETIST/ORTHOTISTS .00 .00 0 PROSTHETICS .00 .00 .000 .00 .00 .00 ORTHOTICS 0 .00 .00 .000 .00 58.05 30.35 71 4,121.79 PSYCHOLOGIST .047 588.83 2.75 2,003.35 30.35 .044 286.19 SPEECH AND AUDIOLOGY 66 1.34 0 .000 .00 HOSPICE SERVICES .00 .00 .00 0 .00 .00 .000 .00 NONINST BIRTHING CENTERS 0 .00 9,118 89,673.73 9.83 6.091 LOCAL EDUCATION AGENCIES 41.69 0 .000 EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING 0 .00 .000 .00 .00 ALL OTHER PROVIDERS 100 72.93 .73 .067 72.93 .05 @CALIF. CHILDREN SERVICES* 1,456.24 \$ 132.39 \$ 32.36 .030 \$.97 @XOVER EXCLUDING STATE HOSP** 0 0 .00 \$.00 .000 \$.00 \$.00

SANTA BARBARA COUN SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,137 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

2,304 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		RAGE COST UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	40,057	384,315	\$	9,454,752.14	\$	24.60	166.803	\$ 236.03	\$	4103.63
@PHYSICIANS SERVICES	387	840	\$	32,022.34	\$	38.12	.365			13.90
OUTPATIENT VISITS	261	337	•	14,342.41	'	42.56	.146	54.95		6.23
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM DEEVENTIVE CARE	147	185		6,981.52		37.74	.080	47.49		3.03
UOME VICITO	2	2		90.42		45.21	.001	45.21		.04
EMEDGENCY DOOM	110	132		6,664.84		50.49	.057	59.51		2.89
EMERGENCI ROOM	112 4 2 10 27 12 2	4		230.27						
PREVENTIVE CARE	4					57.57	.002	57.57		.10
OB VISITS/COMPRE PERI	2	4		33.10		8.28	.002	16.55		.01
OTHER OUTPATIENT	10	10		342.26		34.23	.004	34.23		.15
INPATIENT VISITS	27	56		3,237.45		57.81	.024	119.91		1.41
HOSPITAL VISITS	12	26		1,436.21		55.24	.011	119.68		.62
CRITICAL CARE	2	6		893.04		148.84	.003	446.52		.39
SNF/ICF/TRANS IP CARE	14	24		908.20		37.84	.010	64.87		.39
OPHTHALMOLOGICAL SERVICES	5	5		256.16		51.23	.002	51.23		.11
EXAMINATIONS	5	5		256.16		51.23	.002	51.23		.11
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	8	13		4,372.25		336.33	.006	546.53		1.90
PRINCIPAL SURGEON	6			3,965.69		660.95	.003	660.95		1.72
ACCICEANT CURCEON	1	1		186.50		186.50	.000	186.50		.08
ASSISTANT SURGEON	1	1		100.50		36.68				
ANESTHESIOLOGIST	∠ 1 B	0		220.06			.003	110.03		.10
OUTPATIENT SURGERY	1/	35		2,004.12		57.26	.015	117.89		.87
PRINCIPAL SURGEON	14	24 5 5 0 13 6 1 6 35 15 0 20 0		1,609.09		107.27	.007	114.94		.70
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	4	20		395.03		19.75	.009	98.76		.17
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	33	123		302.73		4.58	.053	17.05		.24
RADIOLOGY	72	130		4,132.70		31.79	.056	57.40		1.79
CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY	1	7		269.24		38.46	.003	269.24		.12
IMMUNIZATION AND INJECTION	2 70 1,983 1,790	2		23.93		11.97	.001	11.97		.01
OTHER SERVICES/ALL Y-OVERS	70	132		2,821.35		21.37	.057	40.31		1.22
@PHARMACY	1,983 1,790 88 1,718 218 14,129 9,618	69,851	\$	562,492.34	\$	8.05	30.317		Ś	244.14
PRESCRIPTION DRUGS	1 790	4,274	Ψ	526,605.17	Υ	123.21	1.855	294.19	~	228.56
SNF/ICF	1,750	299		35,373.65		118.31	.130	401.97		15.35
OUTPATIENTS	1 710	3,975		491,231.52		123.58	1.725	285.93		213.21
MEDICAL CUDDITEC	210	5,975 65 577					28.462			15.58
MEDICAL SUPPLIES	218	65,577	4	35,887.17	à	.55	28.402	164.62	4	
@DENTIST	14,129	67,245	\$	2,271,906.91	\$	33.79	29.186		Ş	986.07
VISITS - DIAGNOSTIC	9,618			559,275.87		12.87	18.865	58.15		242.74
ORAL SURGERY	2,060	4,588		232,810.15		50.74	1.991	113.01		101.05
DRUGS	890	1,163		27,684.40		23.80	.505	31.11		12.02
ANESTHESIA	208	216		17,789.00		82.36	.094	85.52		7.72
PERIODONTICS	525	592		80,821.75		136.52	.257	153.95		35.08
@DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	1,119	1,810		256,728.90		141.84	.786	229.43		111.43
RESTORATIVE DENTISTRY	4,503	11,967		778,294.25		65.04	5.194	172.84		337.80
PROSTHETICS	104	110		3,155.00		28.68	.048	30.34		1.37
DENTURES, STAYPLATES	745 94	2,287		256,737.33		112.26	.993	344.61		111.43
SPACE MAINTAINERS	94	108		12,550.00		116.20	.047	133.51		5.45
MAXILLOFACIAL SERVICES	37	39		2,543.62		65.22	.017	68.75		1.10
FRACTURES, DISLOCATIONS	1	1		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	428	495		43,141.64		87.15	.215	100.80		18.72
ALL OTHER SERVICES	258	403		375.00		.93	.175	1.45		.16
#CALIF DEPT OF HEALTH SERV				MONTH-OF-PAYMENT R	בח וויים				_	PAGE 13,138
			LO .	MONTH-OF-PAIMENT R.	EPURI	FOR JAN .	2003 IHRU D	EC 2003	F	
MOP024	FEE-FOR-SERVICE		A A T.	moma i						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	VICES FOR CASH GRA	AM.T.	- TOTAL					~-	
0 004 =======								NTHLY AVERA	GE	
2,304 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	126	279	\$	6,777.33	\$	24.29	.121	•	\$	2.94
DIAGNOSTIC AND ANC. PROCED	90	87		3,772.68		43.36	.038	41.92		1.64

	0.5	101		0 000 04		15 65	000	24 21		1 20
EYE APPLIANCES	86	191		2,993.24		15.67	.083	34.81		1.30
OTHER OPTOMETRIC SERVICES	1	1		11.41		11.41	.000	11.41		.00
@CHIROPRACTOR	1	3	\$	50.16	\$	16.72	.001 \$		\$.02
VISITS	1	3		50.16		16.72	.001	50.16		.02
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	6	6	\$	138.53	\$	23.09	.003 \$		\$.06
MEDICINE/INJECTIONS	2	2		77.04		38.52	.001	38.52		.03
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	4	4		61.49		15.37	.002	15.37		.03
@HOME HEALTH AGENCY	4	14	\$	946.54	\$	67.61	.006 \$		\$.41
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	Ö	Š	.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		Ö	Š	.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	ĺ	2	Š	31.20	Š	15.60	.001 \$	31.20	\$.01
@TOTAL HOSPITAL	372	1,521	\$	213,792.57	Ġ	140.56	.660 \$			92.79
HOSP INPATIENT TOTAL	128	608	٧	191,533.92	٧	315.02	.264	1496.36	Y	83.13
HSC HOSPITALS	6	32		28,916.00		903.63	.014	4819.33		12.55
NON-HSC HOSPITAL TOTAL	8	44		66,064.71		1501.47	.014	8258.09		28.67
	8	44		33,751.67		767.08	.019	4218.96		14.65
ACCOMMODATIONS	0	0		·						
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE				.00		.00	.000	.00		.00
ALL OTHER ACCOM	8	44		33,751.67		767.08	.019	4218.96		14.65
ANCILLARIES	8	0		32,313.04		.00	.000	4039.13		14.02
INPATIENT CROSSOVERS	114	532		96,553.21		181.49	.231	846.96		41.91
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	245	913		22,258.65		24.38	.396	90.85		9.66
MEDICAL	64	84		2,889.63		34.40	.036	45.15		1.25
SURGERY	14	14		219.05		15.65	.006	15.65		.10
PATHOLOGY	70	295		3,239.12		10.98	.128	46.27		1.41
RADIOLOGY	72	105		5,394.76		51.38	.046	74.93		2.34
ROOM USE	153	188		6,781.40		36.07	.082	44.32		2.94
CROSSOVERS/ALL OTH OUTPTNT	101	227		3,734.69		16.45	.099	36.98		1.62
@COUNTY HOSPITAL TOTAL	38	117	\$	3,441.37	\$	29.41	.051 \$	90.56	\$	1.49
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	Ō		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	Ő	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	38	117		3,441.37		29.41	.051	90.56		1.49
MEDICAL	28	35		1,185.73		33.88	.015	42.35		.51
SURGERY	3	3		22.44		7.48	.001	7.48		.01
PATHOLOGY	7	17		195.95		11.53	.007	27.99		.09
RADIOLOGY	10	14		480.60		34.33	.006	48.06		.21
ROOM USE	31	39		1,359.56		34.86	.017	43.86		.59
CROSSOVERS/ALL OTH OUTPTNT		9		197.09		21.90	.004	24.64		.09
#CALIF DEPT OF HEALTH SERV			DEC M	ONTH-OF-PAYMENT R	EDOD1				D	.09 AGE 13,139
MOP024	FEE-FOR-SERVICE		KES M	ONIH-OF-PAIMENI R	EPOR.	I FOR UAN 2	ZUUS IRKU DE	C 2003	P	01/29/04
			ייידא א	TOTAT						01/29/04
SANTA BARBARA COUN	SUMMARI OF SERV	ICES FOR CASH G	ZAIN I	- IUIAL			M/○NT	ערייינע אזוויי	C F	
2 204 ELIGIBLES	HOEDO	IINITUO OE OEDIZTO	7		74 7 7 7 7		MON			
2,304 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	COST PER		COST PER
OCOMMINITEN HOCDIERI ECERT	2.41	OR DAYS OF CAR		210 251 22		R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	341	1,404	\$	210,351.20	\$	149.82	.609 \$		Ş	91.30
COMM HOSP INPATIENT TOTAL	128	608		191,533.92		315.02	.264	1496.36		83.13
HSC HOSPITALS	6	32		28,916.00		903.63	.014	4819.33		12.55

NOT THE THOUSENESS OF THE TANK											
NON-HSC HOSPITALS TOTAL	8	44		66,064.71		1501.47	.019		8258.09		28.67
ACCOMMODATIONS	8	44		33,751.67		767.08	.019		4218.96		14.65
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		.00		.00
	0	44							4218.96		
ALL OTHER ACCOM	8			33,751.67		767.08	.019				14.65
ANCILLARIES	8	0		32,313.04		.00	.000		4039.13		14.02
INPATIENT CROSSOVERS	114	532		96,553.21		181.49	.231		846.96		41.91
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	214	796		18,817.28		23.64	.345		87.93		8.17
MEDICAL	37	49		1,703.90		34.77	.021		46.05		.74
SURGERY	11	11		196.61		17.87	.005		17.87		.09
PATHOLOGY	64	278		3,043.17		10.95	.121		47.55		1.32
RADIOLOGY	63	91		4,914.16		54.00	.039		78.00		2.13
ROOM USE	127	149		5,421.84		36.39	.065		42.69		2.35
CROSSOVERS/ALL OTH OUTPTNT	93	218		3,537.60		16.23	.095		38.04		1.54
@STATE HOSPITAL	2	57	\$	40,598.82	\$	712.26	.025	\$	20299.41	\$	17.62
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	2	57		40,598.82		712.26	.025		20299.41		17.62
@NURSING FACILITY	14	260	\$	42,648.78	\$	164.03	.113	\$	3046.34	\$	18.51
LEV A-INTERMEDIATE	0	0		.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	1	31		17,982.17							7.80
LEV B-SUBACUTE HSPTL BASED	1					580.07	.013		17982.17		
LEV B-TRANSITIONAL IP CARE	Ü	0		.00		.00	.000		.00		.00
LEV B-REGULAR	13	229		24,666.61		107.71	.099		1897.43		10.71
@INTERMEDIATE CARE FACILDD	9	167	\$	25,990.42	\$	155.63	.072	\$	2887.82	\$	11.28
ICF DDH	5	84		12,530.28		149.17	.036		2506.06		5.44
ICF DD	1	31		3,994.66		128.86	.013		3994.66		1.73
ICF DDN/DDCN	3	52		9,465.48		182.03	.023		3155.16		4.11
@HEMODIALYSIS TOTAL	9 5 1 3 1 0 1 10	1	\$	424.26	\$	424.26	.000	Ś	424.26	Ś	.18
HOSPITAL BASED	0	0	т	.00	т	.00	.000	τ.	.00	Τ.	.00
HEMODIALYSIS CENTER	1	1		424.26		424.26	.000		424.26		.18
DEMODIALISIS CENTER	10	86	4		4			4		4	.59
@REHABILITATION FACILITY	10		\$	1,366.91	\$	15.89	.037	Þ	136.69	Ş	
HODI IIII BIBEB	9	35		807.66		23.08	.015		161.53		. 35
INDEPENDENT FACILITY	5	51		559.25		10.97	.022		111.85		.24
@LABORATORY FACILITY	187	810	\$	10,424.27	\$	12.87	.352	\$	55.74	\$	4.52
PATHOLOGY	187	810		10 404 00		12.87	.352		55.74		4.52
XO AND OTHERS	0			10,424.27							
AO AND OTHERS	U	0		10,424.27		.00	.000		.00		.00
			Ś	.00	Ś	.00	.000	Ś	.00	Ś	
@ORGANIZED OUTPATIENT CLINIC	20,761	28,977	\$.00 4,883,806.10	\$.00 168.54	.000 12.577	\$.00 235.24	\$	2119.71
@ORGANIZED OUTPATIENT CLINIC CLINIC	20,761 43	28,977 161	\$.00 4,883,806.10 4,659.79	\$.00 168.54 28.94	.000 12.577 .070	\$.00 235.24 108.37	\$	2119.71 2.02
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER	20,761 43 1	28,977 161 1	\$.00 4,883,806.10 4,659.79 66.33	\$.00 168.54 28.94 66.33	.000 12.577 .070 .000	\$.00 235.24 108.37 66.33	\$	2119.71 2.02 .03
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC	20,761 43 1 0	28,977 161 1 0	\$.00 4,883,806.10 4,659.79 66.33 .00	\$.00 168.54 28.94 66.33	.000 12.577 .070 .000	\$.00 235.24 108.37 66.33 .00	\$	2119.71 2.02 .03 .00
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	20,761 43 1 0 20,721	28,977 161 1 0 28,815	·	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98	\$.00 168.54 28.94 66.33 .00 169.32	.000 12.577 .070 .000 .000	·	.00 235.24 108.37 66.33 .00 235.47		2119.71 2.02 .03 .00 2117.66
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	20,761 43 1 0 20,721 MEDI-CAL SERVICE	28,977 161 1 0 28,815 ES AND EXPENDITU	·	.00 4,883,806.10 4,659.79 66.33 .00	\$ EPORT	.00 168.54 28.94 66.33 .00 169.32	.000 12.577 .070 .000 .000	·	.00 235.24 108.37 66.33 .00 235.47		2119.71 2.02 .03 .00 2117.66 AGE 13,140
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	20,761 43 1 0 20,721 MEDI-CAL SERVICE FEE-FOR-SERVICE	28,977 161 1 0 28,815 ES AND EXPENDITU /DENTAL	JRES N	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98 MONTH-OF-PAYMENT R	\$ EPORT	.00 168.54 28.94 66.33 .00 169.32	.000 12.577 .070 .000 .000	·	.00 235.24 108.37 66.33 .00 235.47		2119.71 2.02 .03 .00 2117.66
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	20,761 43 1 0 20,721 MEDI-CAL SERVICE	28,977 161 1 0 28,815 ES AND EXPENDITU /DENTAL	JRES N	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98 MONTH-OF-PAYMENT R	\$ EPORT	.00 168.54 28.94 66.33 .00 169.32	.000 12.577 .070 .000 .000	·	.00 235.24 108.37 66.33 .00 235.47		2119.71 2.02 .03 .00 2117.66 AGE 13,140
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	20,761 43 1 0 20,721 MEDI-CAL SERVICE FEE-FOR-SERVICE	28,977 161 1 0 28,815 ES AND EXPENDITU /DENTAL	JRES N	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98 MONTH-OF-PAYMENT R		.00 168.54 28.94 66.33 .00 169.32 FOR JAN	.000 12.577 .070 .000 .000 12.507 2003 THRU	DEC	.00 235.24 108.37 66.33 .00 235.47 2003	P	2119.71 2.02 .03 .00 2117.66 AGE 13,140 01/29/04
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	20,761 43 1 0 20,721 MEDI-CAL SERVICE FEE-FOR-SERVICE	28,977 161 1 0 28,815 ES AND EXPENDITU /DENTAL	JRES N	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98 MONTH-OF-PAYMENT R		.00 168.54 28.94 66.33 .00 169.32 FOR JAN	.000 12.577 .070 .000 .000 12.507 2003 THRU	DEC	.00 235.24 108.37 66.33 .00 235.47 2003	P \GE	2119.71 2.02 .03 .00 2117.66 AGE 13,140 01/29/04
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN	20,761 43 1 0 20,721 MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	28,977 161 1 0 28,815 ES AND EXPENDITU /DENTAL ICES FOR CASH (UNITS OF SERVICE	JRES N GRANT CE	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98 MONTH-OF-PAYMENT R	AVE	.00 168.54 28.94 66.33 .00 169.32 FOR JAN	.000 12.577 .070 .000 .000 12.507 2003 THRU	DEC ONT	.00 235.24 108.37 66.33 .00 235.47 2003 HLY AVERA	P \GE	2119.71 2.02 .03 .00 2117.66 AGE 13,140 01/29/04
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 2,304 ELIGIBLES	20,761 43 1 0 20,721 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI	28,977 161 1 0 28,815 ES AND EXPENDITE //DENTAL ICES FOR CASH (UNITS OF SERVICE OR DAYS OF CAF	JRES N GRANT CE RE	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98 MONTH-OF-PAYMENT R - TOTAL EXPENDITURES	AVE PER	.00 168.54 28.94 66.33 .00 169.32 FOR JAN	.000 12.577 .070 .000 .000 12.507 2003 THRU M UNITS/DAY PER ELIG	DEC ONT	.00 235.24 108.37 66.33 .00 235.47 2003 HLY AVERA COST PER USER	P AGE	2119.71 2.02 .03 .00 2117.66 AGE 13,140 01/29/04
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 2,304 ELIGIBLES @ALL OTHER PROVIDERS	20,761 43 1 0 20,721 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 5,497	28,977 161 1 0 28,815 ES AND EXPENDITE //DENTAL ICES FOR CASH (UNITS OF SERVIC OR DAYS OF CAF 214,196	JRES N GRANT CE	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98 MONTH-OF-PAYMENT R - TOTAL EXPENDITURES 1,361,334.66	AVE	.00 168.54 28.94 66.33 .00 169.32 FOR JAN RAGE COST UNIT/DAY 6.36	.000 12.577 .070 .000 .000 12.507 2003 THRU M UNITS/DAY PER ELIG 92.967	DEC ONT	.00 235.24 108.37 66.33 .00 235.47 2003 HLY AVERA COST PER USER 247.65	P \GE	2119.71 2.02 .03 .00 2117.66 AGE 13,140 01/29/04
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 2,304 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	20,761 43 1 0 20,721 MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 5,497 3	28,977 161 1 0 28,815 ES AND EXPENDITU /DENTAL ICES FOR CASH OF UNITS OF SERVIC OR DAYS OF CAF 214,196 5	JRES N GRANT CE RE	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98 MONTH-OF-PAYMENT R - TOTAL EXPENDITURES 1,361,334.66 421.94	AVE PER	.00 168.54 28.94 66.33 .00 169.32 FOR JAN RAGE COST UNIT/DAY 6.36 84.39	.000 12.577 .070 .000 .000 12.507 2003 THRU M UNITS/DAY PER ELIG 92.967 .002	DEC ONT	.00 235.24 108.37 66.33 .00 235.47 2003 HLY AVERA COST PER USER 247.65 140.65	P AGE	2119.71 2.02 .03 .00 2117.66 AGE 13,140 01/29/04
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 2,304 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	20,761 43 1 0 20,721 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 5,497 3 0	28,977 161 1 0 28,815 ES AND EXPENDITE DENTAL ICES FOR CASH OF UNITS OF SERVIC OR DAYS OF CAF 214,196 5 0	JRES N GRANT CE RE	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98 MONTH-OF-PAYMENT R - TOTAL EXPENDITURES 1,361,334.66 421.94 .00	AVE PER	.00 168.54 28.94 66.33 .00 169.32 FOR JAN RAGE COST UNIT/DAY 6.36 84.39 .00	.000 12.577 .070 .000 .000 12.507 2003 THRU M UNITS/DAY PER ELIG 92.967 .002 .000	DEC ONT	.00 235.24 108.37 66.33 .00 235.47 2003 HLY AVERA COST PER USER 247.65 140.65 .00	P AGE	2119.71 2.02 .03 .00 2117.66 AGE 13,140 01/29/04
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 2,304 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	20,761 43 1 0 20,721 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 5,497 3 0 2	28,977 161 1 0 28,815 ES AND EXPENDITE //DENTAL ICES FOR CASH C UNITS OF SERVIC OR DAYS OF CAF 214,196 5 0 2	JRES N GRANT CE RE	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98 MONTH-OF-PAYMENT R - TOTAL EXPENDITURES 1,361,334.66 421.94 .00 58.14	AVE PER	.00 168.54 28.94 66.33 .00 169.32 FOR JAN RAGE COST UNIT/DAY 6.36 84.39 .00 29.07	.000 12.577 .070 .000 .000 12.507 2003 THRU M UNITS/DAY PER ELIG 92.967 .002 .000	DEC ONT	.00 235.24 108.37 66.33 .00 235.47 2003 HLY AVERA COST PER USER 247.65 140.65 .00 29.07	P AGE	2119.71 2.02 .03 .00 2117.66 AGE 13,140 01/29/04
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 2,304 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	20,761 43 1 0 20,721 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 5,497 3 0 2 51	28,977 161 1 0 28,815 ES AND EXPENDITE //DENTAL ICES FOR CASH OF UNITS OF SERVIC OR DAYS OF CAF 214,196 5 0 2 526	JRES N GRANT CE RE	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98 MONTH-OF-PAYMENT R - TOTAL EXPENDITURES 1,361,334.66 421.94 .00 58.14 5,841.17	AVE PER	.00 168.54 28.94 66.33 .00 169.32 FOR JAN RAGE COST UNIT/DAY 6.36 84.39 .00 29.07 11.10	.000 12.577 .070 .000 .000 12.507 2003 THRU M UNITS/DAY PER ELIG 92.967 .002 .000 .001	DEC ONT	.00 235.24 108.37 66.33 .00 235.47 2003 HLY AVERA COST PER USER 247.65 140.65 .00 29.07 114.53	P AGE	2119.71 2.02 .03 .00 2117.66 AGE 13,140 01/29/04 COST PER ELIGIBLE 590.86 .18 .00 .03 2.54
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 2,304 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	20,761 43 1 0 20,721 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 5,497 3 0 2 51 43	28,977 161 1 0 28,815 ES AND EXPENDITE /DENTAL ICES FOR CASH OF UNITS OF SERVIC OR DAYS OF CAF 214,196 5 0 2 526 345	JRES N GRANT CE RE	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98 MONTH-OF-PAYMENT R - TOTAL EXPENDITURES 1,361,334.66 421.94 .00 58.14 5,841.17 5,174.81	AVE PER	.00 168.54 28.94 66.33 .00 169.32 FOR JAN RAGE COST UNIT/DAY 6.36 84.39 .00 29.07 11.10 15.00	.000 12.577 .070 .000 .000 12.507 2003 THRU M UNITS/DAY PER ELIG 92.967 .002 .000 .001 .228 .150	DEC ONT	.00 235.24 108.37 66.33 .00 235.47 2003 HLY AVERA COST PER USER 247.65 140.65 .00 29.07 114.53 120.34	P AGE	2119.71 2.02 .03 .00 2117.66 AGE 13,140 01/29/04 COST PER ELIGIBLE 590.86 .18 .00 .03 2.54 2.25
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 2,304 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	20,761 43 1 0 20,721 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 5,497 3 0 2 51	28,977 161 1 0 28,815 ES AND EXPENDITE //DENTAL ICES FOR CASH OF UNITS OF SERVIC OR DAYS OF CAF 214,196 5 0 2 526	JRES N GRANT CE RE	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98 MONTH-OF-PAYMENT R - TOTAL EXPENDITURES 1,361,334.66 421.94 .00 58.14 5,841.17	AVE PER	.00 168.54 28.94 66.33 .00 169.32 FOR JAN RAGE COST UNIT/DAY 6.36 84.39 .00 29.07 11.10	.000 12.577 .070 .000 .000 12.507 2003 THRU M UNITS/DAY PER ELIG 92.967 .002 .000 .001	DEC ONT	.00 235.24 108.37 66.33 .00 235.47 2003 HLY AVERA COST PER USER 247.65 140.65 .00 29.07 114.53	P AGE	2119.71 2.02 .03 .00 2117.66 AGE 13,140 01/29/04 COST PER ELIGIBLE 590.86 .18 .00 .03 2.54 2.25 .25
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 2,304 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	20,761 43 1 0 20,721 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 5,497 3 0 2 51 43	28,977 161 1 0 28,815 ES AND EXPENDITE /DENTAL ICES FOR CASH OF UNITS OF SERVIC OR DAYS OF CAF 214,196 5 0 2 526 345	JRES N GRANT CE RE	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98 MONTH-OF-PAYMENT R - TOTAL EXPENDITURES 1,361,334.66 421.94 .00 58.14 5,841.17 5,174.81	AVE PER	.00 168.54 28.94 66.33 .00 169.32 FOR JAN RAGE COST UNIT/DAY 6.36 84.39 .00 29.07 11.10 15.00	.000 12.577 .070 .000 .000 12.507 2003 THRU M UNITS/DAY PER ELIG 92.967 .002 .000 .001 .228 .150	DEC ONT	.00 235.24 108.37 66.33 .00 235.47 2003 HLY AVERA COST PER USER 247.65 140.65 .00 29.07 114.53 120.34	P AGE	2119.71 2.02 .03 .00 2117.66 AGE 13,140 01/29/04 COST PER ELIGIBLE 590.86 .18 .00 .03 2.54 2.25
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 2,304 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	20,761 43 1 0 20,721 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 5,497 3 0 2 51 43 7	28,977 161 1 0 28,815 ES AND EXPENDITU /DENTAL ICES FOR CASH OF UNITS OF SERVIC OR DAYS OF CAF 214,196 5 0 2 526 345 174	JRES N GRANT CE RE	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98 MONTH-OF-PAYMENT R - TOTAL EXPENDITURES 1,361,334.66 421.94 .00 58.14 5,841.17 5,174.81 576.72	AVE PER	.00 168.54 28.94 66.33 .00 169.32 FOR JAN RAGE COST UNIT/DAY 6.36 84.39 .00 29.07 11.10 15.00 3.31	.000 12.577 .070 .000 .000 12.507 2003 THRU M UNITS/DAY PER ELIG 92.967 .002 .000 .001 .228 .150 .076 .003	DEC ONT	.00 235.24 108.37 66.33 .00 235.47 2003 HLY AVERA COST PER USER 247.65 140.65 .00 29.07 114.53 120.34 82.39	P AGE	2119.71 2.02 .03 .00 2117.66 AGE 13,140 01/29/04 COST PER ELIGIBLE 590.86 .18 .00 .03 2.54 2.25 .25
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 2,304 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	20,761 43 1 0 20,721 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 5,497 3 0 2 51 43 7 1 0	28,977 161 1 0 28,815 ES AND EXPENDITE //DENTAL ICES FOR CASH OF CASH	JRES N GRANT CE RE	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98 MONTH-OF-PAYMENT R - TOTAL EXPENDITURES 1,361,334.66 421.94 .00 58.14 5,841.17 5,174.81 576.72 89.64 .00	AVE PER	.00 168.54 28.94 66.33 .00 169.32 FOR JAN RAGE COST UNIT/DAY 6.36 84.39 .00 29.07 11.10 15.00 3.31 12.81	.000 12.577 .070 .000 .000 12.507 2003 THRU M UNITS/DAY PER ELIG 92.967 .002 .000 .001 .228 .150 .076 .003 .000	DEC ONT	.00 235.24 108.37 66.33 .00 235.47 2003 HLY AVERA COST PER USER 247.65 140.65 .00 29.07 114.53 120.34 82.39 89.64 .00	P AGE	2119.71 2.02 .03 .00 2117.66 AGE 13,140 01/29/04
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 2,304 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	20,761 43 1 0 20,721 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 5,497 3 0 2 51 43 7 1	28,977 161 1 0 28,815 ES AND EXPENDITU /DENTAL ICES FOR CASH CO UNITS OF SERVICO OR DAYS OF CAF 214,196 5 0 2 526 345 174 7	JRES N GRANT CE RE	.00 4,883,806.10 4,659.79 66.33 .00 4,879,079.98 MONTH-OF-PAYMENT R - TOTAL EXPENDITURES 1,361,334.66 421.94 .00 58.14 5,841.17 5,174.81 576.72 89.64	AVE PER	.00 168.54 28.94 66.33 .00 169.32 FOR JAN RAGE COST UNIT/DAY 6.36 84.39 .00 29.07 11.10 15.00 3.31 12.81	.000 12.577 .070 .000 .000 12.507 2003 THRU M UNITS/DAY PER ELIG 92.967 .002 .000 .001 .228 .150 .076 .003	DEC ONT	.00 235.24 108.37 66.33 .00 235.47 2003 HLY AVERA COST PER USER 247.65 140.65 .00 29.07 114.53 120.34 82.39 89.64	P \delta GE	2119.71 2.02 .03 .00 2117.66 AGE 13,140 01/29/04

IHMC, MODEL-NF, NF, AIDS, MSSP	1,556	16,786	677,136.70	40.34	7.286	435.18	293.90
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	37	104	2,080.25	20.00	.045	56.22	.90
PHYSICAL THERAPIST	2	19	197.95	10.42	.008	98.98	.09
PORTABLE X-RAY	1	3	81.00	27.00	.001	81.00	.04
PROSTHETIST/ORTHOTISTS	1	2	152.02	76.01	.001	152.02	.07
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	1	2	152.02	76.01	.001	152.02	.07
PSYCHOLOGIST	52	348	10,914.44	31.36	.151	209.89	4.74
SPEECH AND AUDIOLOGY	10	77	2,324.51	30.19	.033	232.45	1.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,215	28,028	243,029.31	8.67	12.165	75.59	105.48
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	146	162,741	30,235.39	.19	70.634	207.09	13.12
@CALIF. CHILDREN SERVICES*	37	815	\$ 7,385.18	\$ 9.06	.354	\$ 199.60 \$	3.21
@XOVER EXCLUDING STATE HOSP**	192	309	\$ 102,893.71	\$ 332.99	.134	\$ 535.90 \$	44.66

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,141 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR	185% Pi	ROGRAM -	- INFANTS	AID	CODES 47	69				, , , ,
									ONT	HLY AVERA	GE	
29 ELIGIBLES	USERS	UNITS OF	SERVIC	F.	EXPENDITURES	AVER	AGE COST	UNITS/DAY		COST PER		COST PER
	002112	OR DAYS						PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	447	OIC DIIID	671	\$	127,019.06		189.30	23.138			Ś	4379.97
@PHYSICIANS SERVICES	6		14	\$	395.28	\$	28.23		\$	65.88	\$	13.63
OUTPATIENT VISITS	6		12	Y	376.84	Y	31.40	.414	Y	62.81	Y	12.99
OFFICE VISITS	5		8		245.67		30.71	.276		49.13		8.47
HOME VISITS	0		0		.00		.00	.000		.00		.00
	0		1				68.35					
EMERGENCY ROOM	0		0		68.35 .00		.00	.034		68.35 .00		2.36
PREVENTIVE CARE	0		0					.000				.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	∠ .		3		62.82		20.94	.103		31.41		2.17
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	2		2		18.44		9.22	.069		9.22		.64
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		Ö		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		Ö		.00		.00	.000		.00		.00
@PHARMACY	6		15	\$	158.43	\$	10.56		\$	26.41	Ś	5.46
PRESCRIPTION DRUGS	6		15	٧	158.43	٧	10.56	.517	Y	26.41	٧	5.46
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	6		15		158.43		10.56	.517		26.41		5.46
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	7		10	\$	224.00	\$	22.40		\$	32.00	\$	7.72
VISITS - DIAGNOSTIC	6		9	Ÿ	174.00	Y	19.33	.310	Y	29.00	Y	6.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
	0		0									
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	U		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	U		-		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00

ORTHODONTIC SERVICES ALL OTHER SERVICES

1 1 0 0 50.00 .00 50.00 .00 .034 .000

.00 PAGE 13,142

1.72

01/29/04

50.00

.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024

FEE-FOR-SERVICE/DENTAL

MOP024	FEE-FOR-SERVICE/											01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR	185% PR	OGRAM -	INFANTS	AI	D CODES 47	69				
								M	CNO	THLY AVERA	GE	
29 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	•	.00		.00	.000	-	.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		Ö	\$.00	\$.00	.000	Ġ		\$.00
VISITS	Ô		0	Υ	.00	Υ	.00	.000	~	.00	Υ	.00
OTHER SERVICES	Õ		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
MEDICINE/INJECTIONS	0		0	Ÿ	.00	Ų	.00	.000	Y	.00	Y	.00
	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00			.000				
RADIO./PATHOLOGY	0		0				.00			.00		.00
OTHER	0			d	.00	4	.00	.000	4	.00	4	.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	U		0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	Ş	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	5		4	\$		\$	6505.43		\$	5204.34	\$	897.30
HOSP INPATIENT TOTAL	1		0		25,894.00		.00	.000		25894.00		892.90
HSC HOSPITALS	1		0		25,894.00		.00	.000		25894.00		892.90
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4		4		127.72		31.93	.138		31.93		4.40
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		Ö		.00		.00	.000		.00		.00
ROOM USE	4		4		127.72		31.93	.138		31.93		4.40
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	Ô		0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	Õ		0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00			.000		.00		.00
	0		0		.00		.00					
ADMINISTRATIVE DAYS	0						.00	.000		.00		.00
TRANSITIONAL IP CARE	U		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00

01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,143 MOP024 FEE-FOR-SERVICE/DENTAL

CINE DIDDING CONT	THE FOR SERVICE/		10E0 D	DOGD 334	T17071700	3.75	GODEG 45	60				01/23/04
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR	182% bi	ROGRAM	- INFANTS	AID	CODES 47				~-	
				_						HLY AVERA	GE	
29 ELIGIBLES	USERS	UNITS OF			EXPENDITURES							COST PER
		OR DAYS						PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5 1 1 0		4	\$	26,021.72	\$	6505.43			5204.34	\$	
COMM HOSP INPATIENT TOTAL	1		0		25,894.00		.00	.000		25894.00		892.90
HSC HOSPITALS	1		0		25,894.00		.00	.000		25894.00		892.90
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0									
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Ü		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4		4		127.72		31.93	.138		31.93		4.40
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	4		4		127.72		31.93	.138		31.93		4.40
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
MENTALLY ILL	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0		0									
DEVELOP. DISABLED	0		0	4	.00	4	.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	Ş	.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0		0	т	.00	т	.00	.000	-	.00	т.	.00
ICF DD	0		Ô		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
	0		0	۲.	.00	\$.00	.000	بي	.00	بي	
@HEMODIALYSIS TOTAL	0			Ą		Ą			Ą		Ą	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	Ü		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	424		594	\$	99,741.51	\$	167.92	20.483	Ś		Ś	3439.36
CLINIC	2		2	т	18.00	т	9.00	.069	-	9.00	т.	.62
GUD GT GENTEED	0		^		0.0		0.0	0.00		0.0		0.0
UEDOIN DETOY CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	422		E02		00 722 51		160 45	20 414		226 21		2420 74
RURAL REALIR CLINIC	422	10 AND EX	39Z	DEG MON	99,723.51		100.45	20.414	DEC	Z30.31		3430./4
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	IS AND EX.	SENDT.I.O	RES MON	TH-OF-PAYMENT RI	EPORT.	FOR JAN .	2003 THRU	DEC	2003	ŀ	AGE 13,144
MOP024 SANTA BARBARA COUN	FEE-FOR-SERVICE/	DENTAL										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR	182% bi	KOGRAM	- INFANTS	AID	CODES 47	69				
										HLY AVERA		
29 ELIGIBLES	USERS	UNITS OF			EXPENDITURES							COST PER
		OR DAYS						PER ELIG				ELIGIBLE
@ALL OTHER PROVIDERS	7		34	\$	478.12	\$	14.06	1.172	\$	68.30	\$	16.49

DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	165.00	55.00	.103	55.00	5.69
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	30.00	30.00	.034	30.00	1.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	30	283.12	9.44	1.034	94.37	9.76
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	12CR \$	25,944.00	\$ 2162.00CR	.414CR\$	12972.00	\$ 894.62
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN	I AS A SEPARATE	INFORMATION ITEM ONLY;					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,145 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

					MON	THLY AVERA	GE
10,993 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9,481	51,544 \$	6,898,128.28	\$ 133.83	4.689 \$	727.57	\$ 627.50
@PHYSICIANS SERVICES	4,542	16,476 \$	1,262,190.36	\$ 76.61	1.499 \$	277.89	\$ 114.82
OUTPATIENT VISITS	2,068	7,069	214,435.82	30.33	.643	103.69	19.51
OFFICE VISITS	465	563	34,753.86	61.73	.051	74.74	3.16
HOME VISITS	1	2	54.98	27.49	.000	54.98	.01
EMERGENCY ROOM	358	404	25,151.23	62.26	.037	70.25	2.29
PREVENTIVE CARE	1	1	68.73	68.73	.000	68.73	.01
OB VISITS/COMPRE PERI	1,374	6,094	154,178.22	25.30	.554	112.21	14.03
OTHER OUTPATIENT	5	5	228.80	45.76	.000	45.76	.02
INPATIENT VISITS	628	1,601	89,403.25	55.84	.146	142.36	8.13
HOSPITAL VISITS	606	1,334	58,613.75	43.94	.121	96.72	5.33
CRITICAL CARE	30	267	30,789.50	115.32	.024	1026.32	2.80
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	69.16	34.58	.000	34.58	.01
EXAMINATIONS	2	2	69.16	34.58	.000	34.58	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,252	2,718	753,540.43	277.24	.247	601.87	68.55
PRINCIPAL SURGEON	835	862	662,778.47	768.88	.078	793.75	60.29
ASSISTANT SURGEON	139	139	24,607.79	177.03	.013	177.03	2.24
ANESTHESIOLOGIST	442	1,717	66,154.17	38.53	.156	149.67	6.02
OUTPATIENT SURGERY	398	866	40,403.42	46.66	.079	101.52	3.68
PRINCIPAL SURGEON	357	702	34,517.53	49.17	.064	96.69	3.14

ASSISTANT SURGEON	2	2	247.30	1	23.65	.000	123.65	.02
ANESTHESIOLOGIST	65	162	5,638.59		34.81	.015	86.75	.51
DIALYSIS	0	0	.00		.00	.000	.00	.00
PATHOLOGY	1,171	1,918	27,401.32		14.29	.174	23.40	2.49
RADIOLOGY	1,375	1,837	112,160.76		51.06	.167	81.57	10.20
PSYCHIATRY	0	0	.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	88	106	4,964.94		46.84	.010	56.42	.45
OTHER SERVICES/ALL X-OVERS	251	359	19,811.26		55.18	.033	78.93	1.80
@PHARMACY	2,233	7,092	\$ 93,440.82	\$	13.18	.645	\$ 41.85	\$ 8.50
PRESCRIPTION DRUGS	2,155	3,540	68,793.30		19.43	.322	31.92	6.26
SNF/ICF	0	0	.00		.00	.000	.00	.00
OUTPATIENTS	2,155	3,540	68,793.30		19.43	.322	31.92	6.26
MEDICAL SUPPLIES	152	3,552	24,647.52		6.94	.323	162.15	2.24
@DENTIST	21	64	\$ 693.00	\$	10.83	.006	\$ 33.00	\$.06
VISITS - DIAGNOSTIC	16	55	416.00		7.56	.005	26.00	.04
ORAL SURGERY	2	2	85.00		42.50	.000	42.50	.01

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	75.00	37.50	.000	37.50	.01
	1	1		.00	.000	.00	.00
ENDODONTICS	1	1	.00				
RESTORATIVE DENTISTRY	1	3	117.00	39.00	.000	117.00	.01
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	Û	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
The state of the s	0	0					
ORTHODONTIC SERVICES	Ü	U	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MONT	TH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 13,146
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
SANTA BARBARA COUN		ICES FOR 185% PROGRAM -	- PREGNANT A	ID CODES 44 48	49		
DIMITI DIMEDIMEI COON	BOTHLING OF BEICV	Telb for 1050 frootday	1100001111 11	ID CODED II 10	MONT	א מיזויג ע דעי	יםי
10 003 FLIGHBIRG	Hanna	IBITES OF SERVICE		ATTERNACE COCE			
10,993 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
	0	_					
@CHIROPRACTOR	U	- 1	.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	Ô	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	_					
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	576	785 \$	41,874.93	\$ 53.34	.071 \$	72.70	\$ 3.81
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 s	.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
		- T			·		
@TOTAL HOSPITAL	1,945	8,548 \$	4,037,078.68	\$ 472.28		2075.62	\$ 367.24
HOSP INPATIENT TOTAL	988	4,144	3,951,386.18	953.52	.377	3999.38	359.45
HSC HOSPITALS	20	124	119,700.12	965.32	.011	5985.01	10.89
NON-HSC HOSPITAL TOTAL	967	4,019	3,830,846.06	953.18	.366	3961.58	348.48
ACCOMMODATIONS	967	4,019	1,301,833.66	323.92	.366	1346.26	118.42
ADMINISTRATIVE DAYS	2	36	8,326.80	231.30	.003	4163.40	.76
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	-	-					
ALL OTHER ACCOM	965	3,983	1,293,506.86	324.76	.362	1340.42	117.67
ANCILLARIES	966	0	2,529,012.40	.00	.000	2618.03	230.06
INPATIENT CROSSOVERS	1	1	840.00	840.00	.000	840.00	.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,123	4.404	85,692.50	19.46	.401	76.31	7.80
MEDICAL	75	82	2,346.75	28.62	.007	31.29	.21
SURGERY	65	71	3,069.83	43.24	.006	47.23	.28
PATHOLOGY	717	2,455	22,439.37	9.14	.223	31.30	2.04
RADIOLOGY	204	241	14,540.68	60.33	.022	71.28	1.32
ROOM USE	635	808	33,895.06	41.95	.074	53.38	3.08
CROSSOVERS/ALL OTH OUTPTNT	387	747	9,400.81	12.58	.068	24.29	.86
@COUNTY HOSPITAL TOTAL	7	35 \$	3,907.93	\$ 111.66	.003 \$	558.28	\$.36
CO HOSPITAL INPATIENT TOTAL		3	3,300.02	1100.01	.000	3300.02	.30
HSC HOSPITALS	1	3	3,300.02	1100.01	.000	3300.02	.30
			•				
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	6	32		607.91		19.00	.003		101.32		.06
	0	1									
MEDICAL	1			14.46		14.46	.000		14.46		.00
SURGERY	Ţ	2		36.11		18.06	.000		36.11		.00
PATHOLOGY	4	18		255.84		14.21	.002		63.96		.02
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	3	5		165.89		33.18	.000		55.30		.02
CROSSOVERS/ALL OTH OUTPINT	3	6		135.61		22.60	.001		45.20		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	RES MO	NTH-OF-PAYMENT F	REPORT	FOR JAN 2	2003 THRU	DEC 2	2003	P.	AGE 13,147
MOP024	FEE-FOR-SERVICE			01 111111111111111111111111111111		1011 01111 1	2000 111110		-005		01/29/04
SANTA BARBARA COUN		ICES FOR 185% PF		I - DREGNANT Z	ATD CC	DFC 44 48	49				01/25/01
DANTA DANDANA COON	SUMMAKI OF SERV	ICES FOR 1030 FI	COGICAL	I FILEGINANI F	AID CC	DED 44 40	M	ОМПТИ	. A VILLD V	CE	
10 002 ELIGIBLES	Hanna	INTERCOR CERTIFICA	-	EXPENDIMIDEC	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7			-		_	
10,993 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		OST PER		COST PER
	1,938	OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,938	8,513	\$	4,033,170.75	\$.774		2081.10	\$	
COMM HOSP INPATIENT TOTAL	987 19	4,141		3,948,086.16		953.41	.377		4000.09		359.15
HSC HOSPITALS	19	121		116,400.10		961.98	.011	6	5126.32		10.59
NON-HSC HOSPITALS TOTAL	967	4,019 4,019		3,830,846.06		953.18	.366		3961.58		348.48
ACCOMMODATIONS	967	4.019		1,301,833.66		323.92	.366	-	1346.26		118.42
ADMINISTRATIVE DAYS	967 967 2 0 965 966	36		8,326.80		231.30	.003		1163.40		.76
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	065			1,293,506.86		324.76	.362	_	1340.42		117.67
ALL OTHER ACCOM	965	3,983									
ANCILLARIES	966 1	0		2,529,012.40		.00	.000	-	2618.03		230.06
INPATIENT CROSSOVERS	1	1		840.00		840.00	.000		840.00		.08
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,117	4,372		85,084.59		19.46	.398		76.17		7.74
MEDICAL	74	81		2,332.29		28.79	.007		31.52		.21
SURGERY	64	69		3,033.72		43.97	.006		47.40		.28
PATHOLOGY	713	2,437		22,183.53		9.10	.222		31.11		2.02
RADIOLOGY	204	241		14,540.68		60.33	.022		71.28		1.32
ROOM USE	632	803		33,729.17		42.00	.073		53.37		3.07
CROSSOVERS/ALL OTH OUTPTNT		741		9,265.20		12.50	.067		24.13		.84
CROSSOVERS/ALL OIR OUIPINI			4		4			4		4	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	Ő		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
	0	0	4		4			4		4	
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Þ	.00	Ş	.00
ICF DDH	Ü	Ü		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	n	0	\$.00	Ś	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	٧	.00	٧	.00
	0	0					.000				.00
INDEPENDENT FACILITY			Å	.00		.00		4	.00	۸,	
@LABORATORY FACILITY	3,037	9,435	\$	167,883.64	\$	17.79	.858	\$	55.28	\$	15.27
PATHOLOGY	3,033	9,427		167,505.54		17.77	.858		55.23		15.24
XO AND OTHERS	8	8		378.10		47.26	.001		47.26		.03
@ORGANIZED OUTPATIENT CLINIC	2,939	7,639	\$	1,216,035.16	\$	159.19	.695	\$	413.76	\$	110.62
CLINIC	406	1,636		70,352.28		43.00	.149		173.28		6.40

7 20 925.40 46.27 .002 132.20 SURGICENTER .08 HEROIN DETOX CLINIC 0 0 .00 .00 .000 .00 .00 5,983 1,144,757.48 RURAL HEALTH CLINIC 2,531 191.34 .544 452.29 104.14 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 13,148 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

						M	ONTHLY AVERA	GE -	
10,993 ELIGIBLES	USERS UI	NITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	(COST PER
	(OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	Ι	ELIGIBLE
@ALL OTHER PROVIDERS	759	1,505	\$	78,931.69	\$ 52.45	.137	\$ 103.99	\$	7.18
DURABLE MED. EQUIP.	28	177		1,478.23	8.35	.016	52.79		.13
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	34	593		4,374.57	7.38	.054	128.66		.40
AMBULANCES/AIR TRANS	34	593		4,374.57	7.38	.054	128.66		.40
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	673	674		69,946.00	103.78	.061	103.93		6.36
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	0	0		.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	35	53		2,892.89	54.58	.005	82.65		.26
PROSTHETICS	17	31		1,079.44	34.82	.003	63.50		.10
ORTHOTICS	20	22		1,813.45	82.43	.002	90.67		.16
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	7	8		240.00	30.00	.001	34.29		.02
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	6	1,144	\$	142,863.65	\$ 124.88	.104	\$ 23810.61	\$	13.00
@XOVER EXCLUDING STATE HOSP**	6	9	\$	930.80	\$ 103.42	.001	\$ 155.13	\$.08
@* TOTALS IN THESE LINES ARE GIVEN	J AS A SEPARATI	TNFORMATION	TTEM O	NI,Y;					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,149
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

DIMITIL DIMIDIMAL COCK	DOINGER OF DERIVEDED FOR	00			1112 0022	, •		
						MOI	NTHLY AVERA	GE
245 ELIGIBLES	USERS UNITS O	F SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAY	S OF CA	.RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	131	362	\$	29,871.48	\$ 82.52	1.478	\$ 228.03	\$ 121.92
@PHYSICIANS SERVICES	35	92	\$	4,437.14	\$ 48.23	.376	\$ 126.78	\$ 18.11
OUTPATIENT VISITS	16	22		841.51	38.25	.090	52.59	3.43
OFFICE VISITS	7	7		214.13	30.59	.029	30.59	.87
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	5	7		470.68	67.24	.029	94.14	1.92
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	7		110.94	15.85	.029	36.98	.45
OTHER OUTPATIENT	1	1		45.76	45.76	.004	45.76	.19
INPATIENT VISITS	3	5		243.31	48.66	.020	81.10	.99
HOSPITAL VISITS	3	5		243.31	48.66	.020	81.10	.99
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0 1	1		39.86		39.86	.004		39.86		.16
EXAMINATIONS	1			39.86		39.86	.004		39.86		.16
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	4	20		1,408.10		70.41	.082		352.03		5.75
PRINCIPAL SURGEON	2	2		928.12		464.06	.002		464.06		3.79
	2	0									
ASSISTANT SURGEON	U			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	18		479.98		26.67	.073		239.99		1.96
OUTPATIENT SURGERY	3	6		409.34		68.22	.024		136.45		1.67
PRINCIPAL SURGEON	3	5		379.48		75.90	.020		126.49		1.55
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	1		29.86		29.86	.004		29.86		.12
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	13	17		351.27		20.66	.069		27.02		1.43
RADIOLOGY	4	8		245.98		30.75	.033		61.50		1.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
	0	5		192.02		38.40	.020		48.01		.78
IMMUNIZATION AND INJECTION	4										
OTHER SERVICES/ALL X-OVERS	4	8	4.	705.75		88.22	.033	4.	176.44		2.88
@PHARMACY	19	31	\$	1,152.47	\$	37.18	.127	\$	60.66	Ş	4.70
PRESCRIPTION DRUGS	18	26		773.95		29.77	.106		43.00		3.16
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	18	26		773.95		29.77	.106		43.00		3.16
MEDICAL SUPPLIES	2	5		378.52		75.70	.020		189.26		1.54
@DENTIST	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
VISITS - DIAGNOSTIC	0	0	т	.00	т.	.00	.000	т.	.00	т	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
	0	0									
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	U	U		.00		.00	.000		.00		.00
ENDODONTICS	0	Ü		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	Ő	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	TC M		רם∩םים			חבר		т	PAGE 13,150
MOP024			ES M	ONIH-OF-PAIMENI K	EPOR.	I FOR UAN	2003 IRU	DEC	2003	1	01/29/04
	FEE-FOR-SERVICE		роаш	DADELIM DDOGDAM		ATD CODE	7.6				01/29/04
SANTA BARBARA COUN	SUMMARY OF SER	JICES FOR 60-DAY	POST	PARTUM PROGRAM		AID CODE		0.TT		~=	
							M			GE:	
245 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0	0	т	.00	т.	.00	.000	т.	.00	т	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	0		بخ		ė.			۲,		بن	
@PODIATRIST	U O	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	U			.00		.00	.000		.00		.00
SURGERY/ANES.	Ü	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
		·					· · · · ·				

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	51	\$ 13,442.84	\$ 263.59	.208	\$ 8	96.19	\$ 54.87
HOSP INPATIENT TOTAL	3	6	12,617.55	2102.93	.024	42	05.85	51.50
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	3	6	12,617.55	2102.93	.024	42)5.85	51.50
ACCOMMODATIONS	3	6	1,492.60	248.77	.024	4	7.53	6.09
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	3	6	1,492.60	248.77	.024	4	7.53	6.09
ANCILLARIES	3	0	11,124.95	.00	.000	37	08.32	45.41
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	12	45	825.29	18.34	.184		58.77	3.37
MEDICAL	1	1	9.84	9.84	.004		9.84	.04
SURGERY	1	1	53.73	53.73	.004		53.73	.22
PATHOLOGY	8	22	175.32	7.97	.090		21.92	.72

RADIOLOGY	4		4		180.49		45.12	.016		45.12		.74
ROOM USE	8		9		284.29		31.59	.037		35.54		1.16
CROSSOVERS/ALL OTH OUTPTNT	3		8		121.62		15.20	.033		40.54		.50
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000		.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		Ö	Ψ	.00	Υ	.00	.000		.00	τ.	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ô		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	-	ים אאור בע	-	DEC M	.00 ONTH-OF-PAYMENT RI	ים חחש					Т	AGE 13,151
MOP024	FEE-FOR-SERVICE		PENDIIO.	KES M	JNIH-OF-PAIMENI R	EPOR	I FOR UAIN A	2003 IHRU	DEC	. 2003	r	01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICE		60-DAY	DOGT	DADTIM DDOCDAM		AID CODE	76				01/29/04
SANTA BANBANA COUN	SUMMART OF SERV.	ICES FOR	00-DAI	FOST	PARTOM PROGRAM		AID CODE		MONT	HLY AVERA	CF	
245 ELIGIBLES	USERS	UNITS OF	SERVIC	E.	EXPENDITURES	Δ77	ERAGE COST					COST PER
213 111011110		OR DAYS			LAI ENDITORED		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	OR DIIID	51	\$	13,442.84	Ś.	263.59	.208				54.87
COMM HOSP INPATIENT TOTAL	3		6	Ÿ	12,617.55	Y	2102.93	.024		4205.85	Y	51.50
HSC HOSPITALS			0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0 3 3 0		6		12,617.55		2102.93	.024		4205.85		51.50
ACCOMMODATIONS	3		6		1,492.60		248.77	.024		497.53		6.09
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0				.00		.00	.000		.00		.00
ALL OTHER ACCOM	3		0		1,492.60		248.77	.024		497.53		6.09
ANCILLARIES	3		0		11,124.95		.00	.000		3708.32		45.41
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	12		45		825.29		18.34	.184		68.77		3.37
MEDICAL	1		1		9.84		9.84	.004		9.84		.04
SURGERY	1		i		53.73		53.73	.004		53.73		.22
PATHOLOGY	8		22		175.32		7.97	.090		21.92		.72
RADIOLOGY	4		4		180.49		45.12	.016		45.12		.74
ROOM USE	8		9		284.29		31.59	.037		35.54		1.16
CROSSOVERS/ALL OTH OUTPTNT	3		8		121.62		15.20	.033		40.54		.50
@STATE HOSPITAL	0		0	\$.00	Ś	.00	.000		.00	Ś	.00
MENTALLY ILL	0		0	Y	.00	٧	.00	.000		.00	Y	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000		.00	\$.00
LEV A-INTERMEDIATE	0		0	Ÿ	.00	Y	.00	.000		.00	Y	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-KEHAB MD LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUIE HSPIL BASED LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-TRANSTITIONAL IP CARE LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000		.00	بخ	.00
ICF DDH	0		0	Ą		Ą				.00	\$	
	0		0		.00		.00	.000				.00
ICF DD ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0	Ċ	.00	ċ,	.00	.000		.00	بخ	.00
@HEMODIALYSIS TOTAL	U		U	\$.00	\$.00	.000	\$.00	Ą	.00

HOGDIMAL DAGED	0	0		0.0		0.0	0.00	0.0		0.0
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	d	.00	à	.00	.000	.00	4	.00
@REHABILITATION FACILITY	U	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	U	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	28	45	\$	1,109.70	\$	24.66		\$ 39.63	\$	4.53
PATHOLOGY	28	45		1,109.70		24.66	.184	39.63		4.53
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	52	100	\$	9,051.36	\$	90.51	.408		\$	36.94
CLINIC	26	70		2,909.94		41.57	.286	111.92		11.88
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	26	30		6,141.42		204.71	.122	236.21		25.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	ES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU D	EC 2003	PI	AGE 13,152
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	60-DAY	POST	PARTUM PROGRAM		AID CODE	76			
							MC	NTHLY AVERA	GE -	
245 ELIGIBLES	USERS UNITS OF	F SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	(COST PER
	OR DAY:	S OF CARE			PER	UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	8	43	\$	677.97	\$	15.77	.176	\$ 84.75	\$	2.77
DURABLE MED. EQUIP.	1	17		49.59	·	2.92	.069	49.59	•	.20
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	6	23		570.11		24.79	.094	95.02		2.33
AMBULANCES/AIR TRANS	6	23		570.11		24.79	.094	95.02		2.33
_ = = = = = = , = = = = = = = = = = = =	<u> </u>									

245 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	8	43	\$ 677.97	\$ 15.77	.176 \$	84.75	•
DURABLE MED. EQUIP.	1	17	49.59	2.92	.069	49.59	.20
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	23	570.11	24.79	.094	95.02	2.33
AMBULANCES/AIR TRANS	6	23	570.11	24.79	.094	95.02	2.33
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	3	58.27	19.42	.012	58.27	.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

SANTA BARBARA COUN SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

					MON	THLY AVERA	GE
11,267 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	C	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10,059	52,577 \$	7,055,018.82	\$ 134.18	4.666 \$	701.36	\$ 626.17
@PHYSICIANS SERVICES	4,583	16,582 \$	1,267,022.78	\$ 76.41	1.472 \$	276.46	\$ 112.45

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,153 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

OUTPATIENT VISITS	2,090	7,103		215,654.17	30.3	6 .630		103.18		19.14
OFFICE VISITS	477	578		35,213.66	60.9			73.82		3.13
HOME VISITS	1	2		54.98	27.4			54.98		.00
EMERGENCY ROOM	364	412		25,690.26	62.3	6 .037		70.58		2.28
PREVENTIVE CARE	1	1		68.73	68.7	3 .000		68.73		.01
OB VISITS/COMPRE PERI	1,377	6,101		154,289.16	25.2			112.05		13.69
	•									
OTHER OUTPATIENT	8	9		337.38	37.4			42.17		.03
INPATIENT VISITS	631	1,606		89,646.56	55.8	2 .143		142.07		7.96
HOSPITAL VISITS	609	1,339		58,857.06	43.9	6 .119		96.65		5.22
CRITICAL CARE	30	267		30,789.50	115.3			1026.32		2.73
	0									
SNF/ICF/TRANS IP CARE	Ü	0		.00	.0			.00		.00
OPHTHALMOLOGICAL SERVICES	3	3		109.02	36.3			36.34		.01
EXAMINATIONS	3	3		109.02	36.3	4 .000		36.34		.01
SERVICES AND MATERIALS	0	0		.00	.0			.00		.00
	1,256	2,738		754,948.53	275.7					67.01
INPATIENT HOSPITAL SURGERY								601.07		
PRINCIPAL SURGEON	837	864		663,706.59	768.1			792.96		58.91
ASSISTANT SURGEON	139	139		24,607.79	177.0	3 .012		177.03		2.18
ANESTHESIOLOGIST	444	1,735		66,634.15	38.4	1 .154		150.08		5.91
OUTPATIENT SURGERY	401	872		40,812.76	46.8			101.78		3.62
PRINCIPAL SURGEON	360	707		34,897.01	49.3	6 .063		96.94		3.10
ASSISTANT SURGEON	2	2		247.30	123.6	5 .000		123.65		.02
ANESTHESIOLOGIST	66	163		5,668.45	34.7	8 .014		85.89		.50
DIALYSIS	0	0		.00	.0			.00		.00
	1,186			07 771 00						
PATHOLOGY		1,937		27,771.03	14.3			23.42		2.46
RADIOLOGY	1,379	1,845		112,406.74	60.9	3 .164		81.51		9.98
PSYCHIATRY	0	0		.00	.0	0 .000		.00		.00
IMMUNIZATION AND INJECTION	92	111		5,156.96	46.4			56.05		.46
	255									
OTHER SERVICES/ALL X-OVERS		367		20,517.01	55.9			80.46	4.	1.82
@PHARMACY	2,258	7,138	\$	94,751.72	\$ 13.2			41.96	Ş	8.41
PRESCRIPTION DRUGS	2,179	3,581		69,725.68	19.4	7 .318		32.00		6.19
SNF/ICF	0	0		.00	.0	0 .000		.00		.00
OUTPATIENTS	2,179	3,581		69,725.68	19.4			32.00		6.19
MEDICAL SUPPLIES	154	3,557		25,026.04	7.0			162.51		2.22
@DENTIST	28	74	\$	917.00	\$ 12.3	9 .007	\$	32.75	\$.08
VISITS - DIAGNOSTIC	22	64		590.00	9.2	2 .006		26.82		.05
ORAL SURGERY	2	2		85.00	42.5			42.50		.01
	0	2								
DRUGS	· ·	Ü		.00	. 0			.00		.00
ANESTHESIA	0	0		.00	.0			.00		.00
PERIODONTICS	2	2		75.00	37.5	0 .000		37.50		.01
ENDODONTICS	1	1		.00	.0	0 .000		.00		.00
RESTORATIVE DENTISTRY	1	2		117.00	39.0			117.00		.01
	1	3								
PROSTHETICS	Ü	0		.00	.0			.00		.00
DENTURES, STAYPLATES	0	0		.00	.0	0 .000		.00		.00
SPACE MAINTAINERS	0	0		.00	.0	0 .000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.0			.00		.00
	0	0								
FRACTURES, DISLOCATIONS	U	Ü		.00	.0			.00		.00
ORTHODONTIC SERVICES	1	1		50.00	50.0	0 .000		50.00		.00
ALL OTHER SERVICES	1	1		.00	.0	0 .000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	TES AND EXPENDIT	TIRES M	ONTH-OF-PAYMENT R	EPORT FOR J	AN 2003 THRII	DEC		PΔ	GE 13,154
MOP024	FEE-FOR-SERVICE	·-	01120 11			111 2000 111110		2005		01/29/04
			33TD 60	DALL DD MOMAL GO	DDG 44 45 4	0 40 60 86				01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	LICES FOR 185%	AND 60	-DAY PP TOTAL, CO	DES 44 47 4					
							MONTI	HLY AVERA	GE -	
11,267 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE C	OST UNITS/DA	YS (COST PER	С	OST PER
,		OR DAYS OF CA				DAY PER ELI		USER	_	LIGIBLE
@ODTOMETD I CT	0			0.0						
@OPTOMETRIST	0	0	\$.00	\$.0		-	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.0	0 .000		.00		.00
EYE APPLIANCES	0	0		.00	.0	0 .000		.00		.00
OTHER OPTOMETRIC SERVICES	_	_								
	Ω	n		(11)		() ()(1)		()()		. ()()
	0	0	ė	.00	٥.			.00	Ġ	.00
@CHIROPRACTOR	0	0	\$.00	\$.0	0 .000	\$.00	\$.00
@CHIROPRACTOR VISITS			\$			0 .000	\$		\$	

OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0 \$	3	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	·	.00	.000		.00	•	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	576	785	5	41,874.93	\$	53.34	.070	\$	72.70	\$	3.72
NURSE ANESTHESIST	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0 8	5	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,965	8,603	3	4,076,543.24	\$	473.85		\$	2074.58	\$	361.81
HOSP INPATIENT TOTAL	992	4,150		3,989,897.73	Υ	961.42	.368	Ψ.	4022.07	τ	354.12
HSC HOSPITALS	21	124		145,594.12		1174.15	.011		6933.05		12.92
NON-HSC HOSPITAL TOTAL	970	4,025		3,843,463.61		954.90	.357		3962.33		341.13
ACCOMMODATIONS	970	4,025		1,303,326.26		323.81	.357		1343.64		115.68
ADMINISTRATIVE DAYS	2	36		8,326.80		231.30	.003		4163.40		.74
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	968	3,989		1,294,999.46		324.64	.354		1337.81		114.94
ANCILLARIES	969	0		2,540,137.35		.00	.000		2621.40		225.45
INPATIENT CROSSOVERS	1	1		840.00		840.00	.000		840.00		.07
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,139	4,453		86,645.51		19.46	.395		76.07		7.69
MEDICAL	76	83		2,356.59		28.39	.007		31.01		.21
SURGERY	66	72		3,123.56		43.38	.006		47.33		.28
PATHOLOGY	725	2,477		22,614.69		9.13	.220		31.19		2.01
RADIOLOGY	208	245		14,721.17		60.09	.022		70.77		1.31
ROOM USE	647	821		34,307.07		41.79	.073		53.02		3.04
CROSSOVERS/ALL OTH OUTPTNT	390	755		9,522.43		12.61	.067		24.42		.85
@COUNTY HOSPITAL TOTAL	7	35	3	3,907.93	\$	111.66	.003	Ś	558.28	Ś	.35
CO HOSPITAL INPATIENT TOTAL	1	3		3,300.02	Υ	1100.01	.000	Ψ.	3300.02	τ	.29
HSC HOSPITALS	1	3		3,300.02		1100.01	.000		3300.02		.29
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	Ô	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	6	32		607.91		19.00	.003		101.32		.05
MEDICAL	1	1		14.46		14.46	.000		14.46		.00
SURGERY	_ 1	2		36.11		18.06	.000		36.11		.00
PATHOLOGY	4	18		255.84		14.21	.002		63.96		.02
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	3	5		165.89		33.18	.000		55.30		.01
CROSSOVERS/ALL OTH OUTPTNT	3	6		135.61		22.60	.001		45.20		.01
		ES AND EXPENDITURES	S MON		EPOR'			DEC		P <i>I</i>	AGE 13,155
	FEE-FOR-SERVICE,		_	-	-						01/29/04
		ICES FOR 185% AND	60-D	AY PP TOTAL, COL	DES	44 47 48 49	9 69 76				
							M	ONT	HLY AVERA	GE -	
11,267 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,958	8,568	\$	4,072,635.31	\$	475.33	.760	\$	2080.00	\$	361.47
COMM HOSP INPATIENT TOTAL	991	4,147		3,986,597.71		961.32	.368		4022.80		353.83
HSC HOSPITALS	20	121		142,294.10		1175.98	.011		7114.71		12.63
NON-HSC HOSPITALS TOTAL	970	4,025		3,843,463.61		954.90	.357		3962.33		341.13
ACCOMMODATIONS	970	4,025		1,303,326.26		323.81	.357		1343.64		115.68
ADMINISTRATIVE DAYS	2	36		8,326.80		231.30	.003		4163.40		.74
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

ALL OTHER ACCOM	968	3,989	1,294,999.46	324.64	.354	1337.81	114.94
		3,303					
ANCILLARIES	969	0	2,540,137.35	.00	.000	2621.40	225.45
INPATIENT CROSSOVERS	1	1	840.00	840.00	.000	840.00	.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,133	4,421	86,037.60	19.46	.392	75.94	7.64
MEDICAL	75	82	2,342.13	28.56	.007	31.23	.21
SURGERY	65	70	3,087.45	44.11	.006	47.50	.27
PATHOLOGY	721	2,459	22,358.85	9.09	.218	31.01	1.98
RADIOLOGY	208	245	14,721.17	60.09	.022	70.77	1.31
ROOM USE	644	816	34,141.18	41.84	.072	53.01	3.03
CROSSOVERS/ALL OTH OUTPINT	387	749	9,386.82	12.53	.066	24.26	.83
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ŏ	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-REGULAR	U			.00		.00	.000	_	.00	_	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	Ş	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	•	.00	.000		.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	_									
INDEPENDENT FACILITY	2 265	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3,065	9,480 \$			\$	17.83	.841	Ş	55.14	\$	15.00
PATHOLOGY	3,061	9,472		168,615.24		17.80	.841		55.09		14.97
XO AND OTHERS	8	8		378.10		47.26	.001		47.26		.03
@ORGANIZED OUTPATIENT CLINIC	3,415	8,333 \$	1	,324,828.03	\$	158.99	.740	\$	387.94	\$	117.58
CLINIC	434	1,708		73,280.22		42.90	.152		168.85		6.50
SURGICENTER	7	20		925.40		46.27	.002		132.20		.08
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,979	6,605	1	,250,622.41		189.34	.586		419.81		111.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAI CEDVIC	CES AND EXPENDITURES			דס חסיד			חביכ		D	AGE 13,156
			MONTH	OF-PAIMENT KI	EFORT	FOR UAN 2	1003 11110	טייכ	2003	F 2	•
MOP024	FEE-FOR-SERVICE	'	60 DIII	DD	DEG 4	4 45 40 40	60 86				01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR 185% AND	60-DAY	PP TOTAL, COI	DES 4	4 4 / 48 49				~-	
			_				M				
11,267 ELIGIBLES	USERS	UNITS OF SERVICE	E	XPENDITURES		RAGE COST			COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	774	1,582 \$		80,087.78	\$	50.62	.140	\$	103.47	\$	7.11
DURABLE MED. EQUIP.	29	194		1,527.82		7.88	.017		52.68		.14
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	40	616		4,944.68		8.03	.055		123.62		. 44
AMBULANCES/AIR TRANS	40	616		4,944.68		8.03	.055		123.62		. 44
OTHER TRANS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0									
ACUPUNCTURE	U			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	676	677		70,111.00		103.56	.060		103.71		6.22
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	1	3		58.27		19.42	.000		58.27		.01
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	35	53		2,892.89		54.58	.005		82.65		.26
PROSTHETICS	17	31		1,079.44		34.82	.003		63.50		.10
ORTHOTICS	20	22		1,813.45		82.43	.002		90.67		.16
PSYCHOLOGIST	0	0		.00		.00	.002		.00		.00
	ŭ	ŭ									
SPEECH AND AUDIOLOGY	8	9		270.00		30.00	.001		33.75		.02
HOSPICE SERVICES	U	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	3	30		283.12		9.44	.003		94.37		.03
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	8	1,132 \$		168,807.65	\$	149.12	.100	\$	21100.96	\$	14.98
@XOVER EXCLUDING STATE HOSP**	6	9 \$		930.80	\$	103.42	.001		155.13	\$.08
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEDAF	•	M ONT.Y:		~		.001	~		~	
O TOTAL TIN TILDE TITION AND AND	v 1		Отипт /								

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

FEE-FOR-SERVICE/DENTAL

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,157 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

O	MOPU24	FEE-FOR-SERVICE				1.0		01/29/04
OBELIGERIES	SANTA BARBARA COUN	SUMMARY OF SERV	VICES FOR TITLE II DIS	SREGARD - AGED	AID CODE			_
##OVITAL, ALL PROVIDERS 360 2,077 \$ 130,240.3 \$ 56.71 .00 \$ \$ 361.78 \$.00 ##OVITAL, ALL PROVIDERS \$360 2,077 \$ 130,240.3 \$ 62.71 .00 \$ \$ 361.78 \$.00 ##OVITAL SERVICES \$0 0.00 \$ 0.00								
### STATE OF COLUMN SERVICES 360 2,077 \$ 120,240.03 \$62,71 0.000 \$361,78 \$ 0.00 ### STATE OF COLUMN SERVICES 0 0 0 0.00 0.00 0.00 0.00 0.00 ### STATE OF COLUMN SERVICES 0 0 0 0.00 0.00 0.00 0.00 0.00 ### STATE OF COLUMN SERVICES 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 ### STATE OF COLUMN SERVICES 0 0 0 0.00	00 ELIGIBLES	USERS		EXPENDITURES				
### SPRYICIANS SERVICES 0 0 5 .00 5 .00 .00 \$.0								
OUTPATIENT VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@TOTAL, ALL PROVIDERS		2,077 \$	130,240.03		.000 \$		\$.00
OFFICE VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@PHYSICIANS SERVICES	0	0 \$		\$.00	.000 \$.00	\$.00
OFFICE VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
EMERCENCY ROOM	OFFICE VISITS	0	0	.00	.00	.000	.00	.00
EMBRGENCY ROOM	HOME VISITS	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	PREVENTIVE CARE	0	0	.00	.00		.00	.00
OTHER OUTPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		.00	.00		.00	.00
INPATIENT VISITS		0	0	.00	.00		.00	.00
HOSPITAL VISITS		0	0					
CRITICAL CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0						
SNF/ICF/TRANS IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0						
OPHTHALMOLOGICAL SERVICES O		0	0					
EXAMINATIONS O SERVICES AND MATERIALS O O O O O O O O O O O O O		0						
SERVICES AND MATERIALS 0 0 0 0 00 00 00 00 00 00 00 00 100 10		0	-					
INPATIENT HOSPITAL SURGERY 0		0	-					
PRINCIPAL SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
ASSISTANT SURGEON 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0	0					
AMESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0						
OUTPATIENT SURGERY		0	0					
PRINCIPAL SURGEON 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0	0					
ASSISTANT SURGEON ANESTHESIOLOGIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0						
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0						
DIALYSIS		0						
PATHOLOGY		0						
RADIOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0						
PSYCHIATRY		0						
IMMUNIZATION AND INJECTION O O O O O O O O O		0						
OTHER SERVICES/ALL X-OVERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	· ·					
@PHARMACY 6 277 \$ 1,700.99 \$ 6.14 .000 \$ 283.50 \$.00 PRESCRIPTION DRUGS 5 9 1,448.98 161.00 .000 289.80 .00 SNF/ICF 1 1 194.10 194.10 .00 194.10 .00 OUTPATIENTS 4 8 1,254.88 156.86 .000 313.72 .00 MEDICAL SUPPLIES 1 268 252.01 .94 .000 252.01 .00 @DENTIST 66 256 \$ 14,818.00 \$ 57.88 .000 \$ 224.52 \$.00 VISITS - DIAGNOSTIC 41 149 2,058.00 13.81 .000 \$ 50.20 .00 ORAL SURGERY 9 17 796.00 46.82 .000 88.44 .00 DRUGS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .		0						
PRESCRIPTION DRUGS 5 9 1,448.98 161.00 .000 289.80 .00 SNF/ICF 1 1 194.10 194.10 .000 194.10 .00 OUTPATIENTS 4 8 1,254.88 156.86 .000 313.72 .00 MEDICAL SUPPLIES 1 268 252.01 .94 .000 252.01 .00 @DENTIST 66 256 \$ 14,818.00 \$ 57.88 .000 \$ 224.52 \$.00 VISITS - DIAGNOSTIC 41 149 2,058.00 13.81 .000 50.20 .00 ORAL SURGERY 9 17 796.00 46.82 .000 88.44 .00 DRUGS 0 0 .0		6	-					
SNF/ICF		6	•	1 //0 00	•			•
OUTPATIENTS 4 8 1,254.88 156.86 .000 313.72 .00 MEDICAL SUPPLIES 1 268 252.01 .94 .000 252.01 .00 @DENTIST 66 256 \$ 14,818.00 \$ 57.88 .000 \$ 224.52 \$.00 VISITS - DIAGNOSTIC 41 149 2,058.00 13.81 .000 50.20 .00 ORAL SURGERY 9 17 796.00 46.82 .000 88.44 .00 DRUGS 0 0 .00 .00 .00 .00 .00 ANESTHESIA 1 1 100.00 100.00 .00 .00 PERIODONTICS 4 5 618.00 123.60 .000 154.50 .00 ENDODONTICS 3 5 1,276.00 255.20 .000 425.33 .00 RESTORATIVE DENTISTRY 20 57 4,990.00 87.54 .000 249.50 .00		1						
MEDICAL SUPPLIES 1 268 252.01 .94 .000 252.01 .00 @DENTIST 66 256 \$ 14,818.00 \$ 57.88 .000 \$ 224.52 \$.00 VISITS - DIAGNOSTIC 41 149 2,058.00 13.81 .000 \$ 50.20 .00 ORAL SURGERY 9 17 796.00 46.82 .000 88.44 .00 DRUGS 0 0 .00 <		1						
@DENTIST 66 256 \$ 14,818.00 \$ 57.88 .000 \$ 224.52 \$.00 VISITS - DIAGNOSTIC 41 149 2,058.00 13.81 .000 50.20 .00 ORAL SURGERY 9 17 796.00 46.82 .000 88.44 .00 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 1 1 100.00 100.00 .00		1		-				
VISITS - DIAGNOSTIC 41 149 2,058.00 13.81 .000 50.20 .00 ORAL SURGERY 9 17 796.00 46.82 .000 88.44 .00 DRUGS 0 0 .00 .00 .00 .00 .00 ANESTHESIA 1 1 10.00 100.00 .00 100.00 .00 PERIODONTICS 4 5 618.00 123.60 .000 154.50 .00 ENDODONTICS 3 3 5 1,276.00 255.20 .000 425.33 .00 RESTORATIVE DENTISTRY 20 57 4,990.00 87.54 .000 249.50 .00 PROSTHETICS 1 1 30.00 30.00 .00 .00 DENTURES, STAYPLATES 10 20 4,950.00 247.50 .00 495.00 .00 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 .00								
ORAL SURGERY 9 17 796.00 46.82 .000 88.44 .00 DRUGS 0 0 .00 .00 .00 .00 .00 ANESTHESIA 1 1 100.00 100.00 .00 100.00 .00 PERIODONTICS 4 5 618.00 123.60 .000 154.50 .00 ENDODONTICS 3 5 1,276.00 255.20 .000 425.33 .00 RESTORATIVE DENTISTRY 20 57 4,990.00 87.54 .000 249.50 .00 PROSTHETICS 1 1 30.00 30.00 .00 30.00 .00 DENTURES, STAYPLATES 10 20 4,950.00 247.50 .000 495.00 .00 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>								•
DRUGS 0 0 0 .00 .00 .00 .000 .000 .00 .00 .0								
ANESTHESIA 1 1 100.00 100.00 .000 100.00 .000 PERIODONTICS 4 5 618.00 123.60 .000 154.50 .000 ENDODONTICS 3 5 1,276.00 255.20 .000 425.33 .000 RESTORATIVE DENTISTRY 20 57 4,990.00 87.54 .000 249.50 .000 PROSTHETICS 1 1 30.00 30.00 .000 30.00 .000 DENTURES, STAYPLATES 10 20 4,950.00 247.50 .000 495.00 .000 SPACE MAINTAINERS 0 0 0 .00 .000 .000 .000 .000 SPACE MAINTAINERS 0 0 0 .00 .000 .000 .000 .000 MAXILLOFACIAL SERVICES 0 0 0 .00 .000 .000 .000 .000 FRACTURES, DISLOCATIONS 0 0 0 .00 .000 .000 .000 .000 ORTHODONTIC SERVICES 0 0 0 .00 .000 .000 .000 .000 ALL OTHER SERVICES 2 1 .000 .000 .000 .000 .000 .000								
PERIODONTICS 4 5 618.00 123.60 .000 154.50 .00 ENDODONTICS 3 5 1,276.00 255.20 .000 425.33 .00 RESTORATIVE DENTISTRY 20 57 4,990.00 87.54 .000 249.50 .00 PROSTHETICS 1 1 30.00 30.00 .00 30.00 .00 DENTURES, STAYPLATES 10 20 4,950.00 247.50 .000 495.00 .00 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00 .00 ALL OTHER SERVICES 2 1 .00 .00 .00 .00 .00 .00								
ENDODONTICS 3 5 1,276.00 255.20 .000 425.33 .00 RESTORATIVE DENTISTRY 20 57 4,990.00 87.54 .000 249.50 .00 PROSTHETICS 1 1 30.00 30.00 .000 30.00 .00 DENTURES, STAYPLATES 10 20 4,950.00 247.50 .000 495.00 .00 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00 .00 ALL OTHER SERVICES 2 1 .00 .00 .00 .00 .00		1						
RESTORATIVE DENTISTRY 20 57 4,990.00 87.54 .000 249.50 .00 PROSTHETICS 1 1 30.00 30.00 .000 30.00 .00 DENTURES, STAYPLATES 10 20 4,950.00 247.50 .000 495.00 .00 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER SERVICES 2 1 .00 .00 .00 .00 .00		4						
PROSTHETICS 1 1 30.00 30.00 .00 30.00 .00 DENTURES, STAYPLATES 10 20 4,950.00 247.50 .000 495.00 .00 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER SERVICES 2 1 .00 .00 .00 .00 .00 .00								
DENTURES, STAYPLATES 10 20 4,950.00 247.50 .000 495.00 .00 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER SERVICES 2 1 .00 .00 .00 .00 .00				•				
SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER SERVICES 2 1 .00 .00 .00 .00 .00								
MAXILLOFACIAL SERVICES 0 0 .00				•				
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER SERVICES 2 1 .00 .00 .00 .00 .00 .00		-						
ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00								
ALL OTHER SERVICES 2 1 .00 .00 .000 .00 .00		_	-					
	ALL OTHER SERVICES							.00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 13,158 01/29/04

SANTA BARBARA COUN

SANTA BARBARA COUN	SUMMARY OF SERVICES FO)K TITE I	L DISREGA	ARD - AGED	AID CODE				
						MONT			
00 ELIGIBLES	USERS UNITS	OF SERVICE	I	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
	OR DA	YS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	·	.00	.00	.000	.00	-	.00
EYE APPLIANCES	0	Ö		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
	0	0	ė.					4	
@CHIROPRACTOR	0	U	\$.00	\$.00	.000 \$		\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	ñ	\$.00	\$.00	.000 \$.00	\$.00
	0	0	4	.00	·	•	.00	\$.00
NURSE ANESTHESIST	0	0	ې ب		\$.00	•			
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	9CR	\$	840.00CR	\$ 93.33	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	9CR		840.00CR	93.33	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	ñ		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
	0	0							
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	9CR		840.00CR		.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	Ô		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0							
CROSSOVERS/ALL OTH OUTPTNT	0	0	4	.00	.00	.000	.00	4	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	ñ		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
	0	0		.00					
ALL OTHER INPATIENT	0	-			.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	Ü	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH					D7	GE 13,159
MOP024	FEE-FOR-SERVICE/DENTAL		TO I-IOIVIII-	OI LAIMBNI KEI	LOKI FOR UAN	2005 TIMO DEC	. 2005	E F	01/29/04
MOPUZ4	LEE-LOK-SEKATCE DENIAL		D T CD EC	ADD ACED	7 TD (10DE	1.16			01/42/04

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

							M	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST			COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	9CR	\$	840.00CF	R \$	93.33	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	9CR		840.00CF	R	93.33	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	9CR		840.00CF	R	93.33	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00 .00
SURGERY	0	0		.00		.00 .00	.000		.00		.00
PATHOLOGY RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPIN	· 0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	٧	.00	٧	.00	.000	٧	.00	٧	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	4	.00	4	.00	.000	т.	.00	т.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	9	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00	4.	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	4	.00	4	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00		.00 .00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	Ų	.00	Ą	.00	.000	Ą	.00	Ą	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	137	176	\$	32,297.49	\$	183.51	.000	\$	235.75	\$.00
CLINIC	0	0	Υ	.00	٧	.00	.000	٧	.00	٧	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	137	176		32,297.49		183.51	.000		235.75		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU	DEC	2003	P	AGE 13,160
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	CES FOR TITLE I	I DIS	REGARD - AGED		AID CODE	16				
							M	ONT:	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S			COST PER
		OR DAYS OF CARE			PER	UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	181	1,377	\$	82,263.55	\$	59.74	.000	\$	454.49	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	24	384	26,491.86	68.99	.000	1103.83	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	161	993	55,771.69	56.16	.000	346.41	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	840.00CR \$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE GIVEN A	AS A SEPARATE	INFORMATION	ITEM ONLY	:				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 13,161 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR	LILE I	T DT?	SREGARD - BLIND	AID	CODES 26	6A				
								MC				
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (COST PER	COST PI	ΞR
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER	ELIGIBI	ŭΕ
@TOTAL, ALL PROVIDERS	15		48	\$	4,127.27	\$	85.98	.000	\$	275.15	\$.0	00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00		00
OUTPATIENT VISITS	0		0	·	.00	·	.00	.000	•	.00	. (00
OFFICE VISITS	0		0		.00		.00	.000		.00	. (00
HOME VISITS	0		0		.00		.00	.000		.00	. (00
EMERGENCY ROOM	0		0		.00		.00	.000		.00	. (00
PREVENTIVE CARE	0		0		.00		.00	.000		.00	. (00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		00
INPATIENT VISITS	0		0		.00		.00	.000		.00		00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		00
CRITICAL CARE	0		0		.00		.00	.000		.00		00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		00
OPHTHALMOLOGICAL SERVICES	Ô		Ô		.00		.00	.000		.00		00
EXAMINATIONS	0		0		.00		.00	.000		.00		00
SERVICES AND MATERIALS	Õ		0		.00		.00	.000		.00		00
INPATIENT HOSPITAL SURGERY	Õ		0		.00		.00	.000		.00		00
PRINCIPAL SURGEON	Ő		0		.00		.00	.000		.00		00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		00
DIALYSIS	0		0		.00		.00	.000		.00		00
PATHOLOGY	0		0		.00		.00	.000		.00		00
RADIOLOGY	0		0		.00		.00	.000		.00		00
PSYCHIATRY	0		0		.00		.00	.000		.00		00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		00
@PHARMACY	0		0	\$.00	Ś	.00	.000	ċ.	.00		00
PRESCRIPTION DRUGS	0		0	Ą	.00	Ą	.00	.000	Ą	.00	•	00
SNF/ICF	0		0		.00		.00	.000		.00		00
OUTPATIENTS	0		0		.00		.00	.000		.00		00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		
	0		0	\$.00	\$			Ċ.	.00		00
@DENTIST	0		0	Ą	.00	Ą	.00	.000	\$.00		00 00
VISITS - DIAGNOSTIC	0		0									
ORAL SURGERY	0		0		.00		.00	.000		.00		00
DRUGS	0		U				.00	.000		.00		00
ANESTHESIA	0		U		.00		.00	.000		.00		00
PERIODONTICS	0		0 0		.00		.00	.000		.00		00
ENDODONTICS	Ü		U		.00		.00	.000		.00	. (00

DENTURES, STATELARIS 0	DECEMBER DENIES CEDA	0	0	0.0	0.0	0.00	0.0	0.0
DEPUTATION COLOR	RESTORATIVE DENTISTRY	U	U	.00	.00	.000	.00	.00
SPACE MARTHATERS		0	0					
MARILLOPACIAL SERVICES 0 0 0.0 0.0	DENTURES, STAYPLATES	0	0	.00	.00		.00	.00
MARILLOPACIAL SERVICES 0 0 0.0 0.0	SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
PRACTURES, DISLOCATIONS 0 0 0 0 0 0 0 0 0		0	0	. 0.0	. 00		. 00	. 0.0
ORTHODOMIC SERVICES ORDICAL SURFIXED ORDICAL SERVICES ORDICAL SURFIXED ORDICAL		0	0					
ALI OTHER SERVICES 0 0 00 00 00 00 00 00	The state of the s	0	0					
CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 A		U	U					
MOPDIA			· ·					
SANTA BARBARA COUN	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 13,162
OU ELIGIBLES	MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
OU ELIGIBLES	SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR TITLE II DIS	REGARD - BLIND	AID CODES 26	6A		
### OF ELIGIBLES USER UNITS OF SERVICE EXPENDITURS AVERAGE COST UNITS/DAYS COST PER ELIGIBLE COST DEATS OF CARE ### OF DIAGNOCTIC AND ANC. PROCED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							THIV AVERAG	1다
OFFICIAL PATRICLOGY OFFICIAL PATRICLOGY NURSE ANSTHESIST OFFICIAL PATRICLOGY OFFICIAL PAT	OO ELICIDIES	HCEDC	INITEC OF CEDVICE	EADEMDIATIOEC	ATTEDACE COCT			
CONTINETRIST 0	00 FFIGIPTES	USERS		EVERNOTIONES				
DIAGNOSTIC AND ANC. FROCED 0 0 00 00 000								
EYE APPLIANCES	@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
OTHER OPTOMETRIC SERVICES 0 0 0 0 00 00 00 00 00 00 00 00 00 00	DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
## SCHIROPRACTOR		0	0					
VISITS		0	0 4					
OTHER SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	U Ş		•			•
## DEPOLATION S		Ü	Ü					
MEDICINE INJECTIONS 0	OTHER SERVICES	0	0			.000		
SURGERY/ANDES. 0 0 0.0	@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
SURGERY/ANDES. 0 0 0.0	MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
RADIO / PATHOLOGY O		0	0					
## CHER O O O O O O O O O		0	0					
##HOME HEALTH AGENCY O		0	0					
NURSE ANSSTHESIST O O S OO		U	U					
NURSE MIDWIFE 0 0 \$ 0.0 \$.00		0	0 \$					·
PEDIATRIC NURSE PRACTITIONER	NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
### PARTITY NURSE PRACTITIONER O		0	0 Ś	. 0.0			. 00	· .00
### ### ##############################		0	0 4		·			•
HOSP INPATIENT TOTAL O O O O O O O O O O O O O		0	0 \$		•	· ·		•
HSC HOSPITALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		U	U \$					
NON-HSC HOSPITAL TOTAL		0	0					
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O	NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O	ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ALL OTHER ACCOM ANCILLARIES O O O O O O O O O O O O O O O O O O O		0	0					
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
INPATIENT CROSSOVERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		U	U					
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
HOSP OUTPATIENT TOTAL	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
MEDICAL 0 0 .00 <td>ALL OTHER INPATIENT</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
MEDICAL 0 0 .00 <td>HOSP OUTPATIENT TOTAL</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
SURGERY 0 0 .00 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0					
PATHOLOGY 0 0 .00 </td <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0					
RADIOLOGY 0 0 .00 </td <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0					
ROOM USE 0 0 .00 <td></td> <td>Ü</td> <td>Ü</td> <td></td> <td></td> <td></td> <td></td> <td></td>		Ü	Ü					
CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 @COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 .00 .00 .00 CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	RADIOLOGY	0	0		.00			
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00	ROOM USE	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00	CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL 0 0 .00	@COUNTY HOSPITAL TOTAL	0	0 Š	0.0		000 \$		
HSC HOSPITALS 0 0 .00					•			·
NON-HSC HOSPITALS TOTAL 0 0 .00<		0						
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		U	U					
ADMINISTRATIVE DAYS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0	Ü					
TRANSITIONAL IP CARE 0 0 .00 <td>ACCOMMODATIONS</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td></td> <td>.00</td> <td></td>	ACCOMMODATIONS	0	0	.00	.00		.00	
TRANSITIONAL IP CARE 0 0 .00 <td>ADMINISTRATIVE DAYS</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM 0 0 0.00 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 .	TRANSITIONAL IP CARE	0	0	.00	.00		.00	.00
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	Ō					
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00		0	0					
		ŭ						
ALL OTHER INPATIENT U U .00 .00 .00 .00 .00			_					
	ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00

GO HOGD OHEDAET DATE TOTAL	0	0	0.0	0.0	0.00	0.0	0.0
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON'	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 13,163
MOP024	FEE-FOR-SERVICE						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR TITLE II DISR	EGARD - BLIND	AID CODES 26			2.0
OO ELICIDIES	HCEDC	INITE OF CEDITOR	EADENDIATIOEC	ATTEDACE COCT	MONT		GE COST PER
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER	
ACOMMINITED HOURTENAL MOMAI	0	OR DAYS OF CARE	0.0		PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	3 \$	553.32	\$ 184.44	.000 \$	184.44	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	3	553.32	184.44	.000	184.44	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON'	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 13,164

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

DIMITI DIMEDIMEI COON	DOMINIMET OF BLIC	VICED FOR TITEE I	- · · · · ·	DICEOTICE	DHIND	1111	CODED ZO	011			
								MC			
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPE	NDITURES			UNITS/DAYS	3	COST PER	COST PER
		OR DAYS OF CARE	3			PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@ALL OTHER PROVIDERS	12	45	\$		3,573.95	\$	79.42	.000	\$	297.83	\$.00
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00	.00
BLOOD BANK	0	0			.00		.00	.000		.00	.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00	.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000		.00	.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00	.00
OTHER TRANS	0	0			.00		.00	.000		.00	.00
OTHER SERVICES	0	0			.00		.00	.000		.00	.00
ACUPUNCTURE	0	0			.00		.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	12	45			3,573.95		79.42	.000		297.83	.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00	.00
OPTICIAN	0	0			.00		.00	.000		.00	.00
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00	.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000		.00	.00
PROSTHETICS	0	0			.00		.00	.000		.00	.00
ORTHOTICS	0	0			.00		.00	.000		.00	.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000		.00	.00
HOSPICE SERVICES	0	0			.00		.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00	.00
ALL OTHER PROVIDERS	0	0			.00		.00	.000		.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,165 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

Biniii Binchinii coon	DOMINITUCE OF DELICA	TCHO TOR TITHE .		DICHOLIND DIDLID	TITO CODED 30	00 00		
						MON	THLY AVERA	GE
06 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	736	2,240	\$	185,083.90	\$ 82.63	373.333	\$ 251.47	\$ 30847.32
@PHYSICIANS SERVICES	1	2	\$	6.22	\$ 3.11	.333	6.22	\$ 1.04
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2	6.22	3.11	.333	6.22	1.04
@PHARMACY	59	218	\$ 16,829.31	\$ 77.20	36.333	\$ 285.24	\$ 2804.89
PRESCRIPTION DRUGS	55	92	16,786.43	182.46	15.333	305.21	2797.74

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	55	92	16,786.43	182.46	15.333	305.21	2797.74
MEDICAL SUPPLIES	4	126	42.88	.34	21.000	10.72	7.15
@DENTIST	266	1,118 \$	45,728.50	\$ 40.90	186.333	\$ 171.91	\$ 7621.42
VISITS - DIAGNOSTIC	180	732	8,082.00	11.04	122.000	44.90	1347.00
ORAL SURGERY	25	46	2,318.25	50.40	7.667	92.73	386.38
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	100.00	50.00	.333	50.00	16.67
PERIODONTICS	22	30	3,251.00	108.37	5.000	147.77	541.83
ENDODONTICS	15	19	4,152.00	218.53	3.167	276.80	692.00
RESTORATIVE DENTISTRY	77	206	22,209.25	107.81	34.333	288.43	3701.54
PROSTHETICS	7	9	210.00	23.33	1.500	30.00	35.00
DENTURES, STAYPLATES	22	57	5,406.00	94.84	9.500	245.73	901.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	8	17	.00	.00	2.833	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU I	DEC 2003	PAGE 13,166
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SANTA BARBARA COUN SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

SANTA BARBARA COUN	SUMMARY OF SER	VICES FOR	TITLE II	r DT	SREGARD - DISABLED	AIL	CODES 36	66 6C				
										HLY AVERA	GE	
06 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY		COST PER		COST PER
	_	OR DAYS	OF CARE				UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	10		34	\$	5,678.18	\$	167.01	5.667	\$	567.82	\$	946.36
HOSP INPATIENT TOTAL	8		27		5,618.33		208.09	4.500		702.29		936.39
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8		27		5,618.33		208.09	4.500		702.29		936.39
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2		7		59.85		8.55	1.167		29.93		9.98
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2		7		59.85		8.55	1.167		29.93		9.98
@COUNTY HOSPITAL TOTAL	1		6	\$	27.10	\$	4.52	1.000	\$	27.10	\$	4.52

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	6	27.10	4.52	1.000	27.10	4.52
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	6	27.10	4.52	1.000	27.10	4.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 13,167
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SANTA BARBARA COUN SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

SANIA BARBARA COUN	SUMMARI OF SERV.	ICES FOR 1.	TITE T	т рт	.SKEGARD - DISABLEL	AII	CODES 30				a=	
06 51 16151 56	TIGED G									HLY AVERA		
06 ELIGIBLES	USERS	UNITS OF SI			EXPENDITURES		ERAGE COST					COST PER
	_	OR DAYS OF					R UNIT/DAY	_		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9		28	\$	5,651.08	\$	201.82	4.667	Ş	627.90	Ş	941.85
COMM HOSP INPATIENT TOTAL	8		27		5,618.33		208.09	4.500		702.29		936.39
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8		27		5,618.33		208.09	4.500		702.29		936.39
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1		1		32.75		32.75	.167		32.75		5.46
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1		1		32.75		32.75	.167		32.75		5.46
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	•	.00	·	.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	Ġ	.00	.000	\$.00	\$.00
ICF DDH	0		0	•	.00	•	.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	Ś	.00		\$.00	Ś	.00
HOSPITAL BASED	0		0	Υ	.00	Ψ.	.00	.000	~	.00	Ψ.	.00
HEMODIALYSIS CENTER	0		Ō		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		Õ	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		0	~	.00	~	.00	.000	~	.00	~	.00
	Ŭ		•		.00					. 5 0		

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
XO AND OTHERS	0	0	.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	430	545 \$	100,061.11	\$	183.60	90.833	\$ 232.70	\$ 16676.85
CLINIC	0	0	.00		.00	.000	.00	.00
SURGICENTER	0	0	.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	430	545	100,061.11		183.60	90.833	232.70	16676.85
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU	DEC 2003	PAGE 13,168
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SANTA BARBARA COUN	SUMMARY OF SERVICES FO	OR TITLE II	DISREGARD - DISABLI	ED AID	CODES 36	66 6C		
						M	ONTHLY AVERA	GE
06 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S COST PER	COST PER
	OR DA	AYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	47	323	16.780.58	Ś	51.95	53.833	\$ 357.03	\$ 2796.76

06 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	COST PER	COST PER
		OR DAYS OF CARI				UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	47	323	\$	16,780.58	\$	51.95	53.833	\$ 357.03	\$ 2796.76
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00	.00
BLOOD BANK	0	0		.00		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00	.00
OTHER TRANS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	2	25		1,762.97		70.52	4.167	881.49	293.83
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	42	279		14,556.78		52.17	46.500	346.59	2426.13
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00	.00
OPTICIAN	1	3		80.83		26.94	.500	80.83	13.47
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	2	16		380.00		23.75	2.667	190.00	63.33
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	11	9	\$	5,684.40	\$	631.60	1.500	\$ 516.76	\$ 947.40
* TOTAL THE THEOR LINES ADD CIT	וגרות א כי א מיים א	DATE TATEODMATTOM	איבים	ONIT V.	-				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,169
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

DINVIII DINCDINCI COON	DOINING OF DELLA	TCDD IOIC		-	SICE STATE TABLES		21000111110	711				
								MC	TNC	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DDEVENTUR CADE	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE		0					
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	Ü	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
ANESTHESIOLOGIST	0	0		.00			
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	U	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$		\$.00
	0	0 ş		•	.000 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00		.00	
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	U	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	Ů.	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
· · · · · · · · · · · · · · · · · · ·	0	0	.00			.00	.00
SPACE MAINTAINERS	0	0		.00	.000		
MAXILLOFACIAL SERVICES	U	U	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	Ü	Ü	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	TH-OF-PAYMENT REP	PORT FOR JAN 2	003 THRU DEC	2003	PAGE 13,170
MOP024	FEE-FOR-SERVICE						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	CES FOR TITLE II DISR	EGARD - FAMILIES	DISCONTINU	ED		
					MONT	HLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	Ö	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
	0				.000 \$		
@CHIROPRACTOR	0	• 1	.00	\$.00			·
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	_	_					
	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0 0	0 0	.00	.00	.000	.00 .00	.00

DADIO /DATIIOI OCV	0	0	.00	.00	.000	.00	0.0
RADIO./PATHOLOGY	U	U					.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	ES MONTH-OF	-PAYMENT REPO	RT FOR JAN 20	03 THRU DEC	2003	PAGE 13,171
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	TITLE I	I DISREGARD	- FAMILIES	DISCONTINUE			
						MONTI	HLY AVERAG	E

					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONT	H-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU I	DEC 2	2003	PAC	GE 13,172
MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/29/04

DISCONTINUED

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 .00 \$.00 .000 \$.00 \$.00 .00 .00 DURABLE MED. EOUIP. 0 0 .00 .000 .00 BLOOD BANK .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 AMBULANCES/AIR TRANS .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 .00 OTHER SERVICES .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .000 .00 .00 .00 .000 PSYCHOLOGIST .00 .00 .00 .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 HOSPICE SERVICES .000 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 RESPIRATORY CARE PRACT. .00 .000 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 @XOVER EXCLUDING STATE HOSP** .00 .00 .000 \$.00 \$.00

SANTA BARBARA COUN

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR TITLE II	DIS	SREGARD - TOTAL						
							MC			
06 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CARE					PER ELIG	USE		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,111		\$	319,451.20	\$	73.18	727.500			\$ 53241.87
@PHYSICIANS SERVICES	1	2	\$	6.22	\$	3.11	.333		22	\$ 1.04
OUTPATIENT VISITS	0	0		.00		.00	.000		00	.00
OFFICE VISITS	0	0		.00		.00	.000		00	.00
HOME VISITS	0	0		.00		.00	.000		00	.00
EMERGENCY ROOM	0	0		.00		.00	.000		00	.00
PREVENTIVE CARE	0	0		.00		.00	.000		00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		00	.00
OTHER OUTPATIENT	0	0		.00		.00	.000		00	.00
INPATIENT VISITS	0	0		.00		.00	.000		00	.00
HOSPITAL VISITS	0	0		.00		.00	.000		00	.00
CRITICAL CARE	0	0		.00		.00	.000		00	.00
	0	0		.00					00	
SNF/ICF/TRANS IP CARE	0	0				.00	.000			.00
OPHTHALMOLOGICAL SERVICES	U	U		.00		.00	.000		00	.00
EXAMINATIONS	U	0		.00		.00	.000		00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000		00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000		00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		00	.00
DIALYSIS	0	0		.00		.00	.000		00	.00
PATHOLOGY	0	0		.00		.00	.000		00	.00
RADIOLOGY	0	0		.00		.00	.000		00	.00
PSYCHIATRY	0	0		.00		.00	.000		00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		00	.00
OTHER SERVICES/ALL X-OVERS	1	2		6.22		3.11	.333		22	1.04
	65		\$	18,530.30	\$	37.43	82.500		08 \$	
@PHARMACY	60	101	Ą							
PRESCRIPTION DRUGS				18,235.41		180.55	16.833	303		3039.24
SNF/ICF	1	1		194.10		194.10	.167	194		32.35
OUTPATIENTS	59	100		18,041.31		180.41	16.667	305		3006.89
MEDICAL SUPPLIES	5	394		294.89		.75	65.667	58		49.15
@DENTIST	332	•	\$	60,546.50	\$	44.07	229.000			\$ 10091.08
VISITS - DIAGNOSTIC	221	881		10,140.00		11.51	146.833	45		1690.00
ORAL SURGERY	34	63		3,114.25		49.43	10.500	91.		519.04
DRUGS	0	0		.00		.00	.000		00	.00
ANESTHESIA	3	3		200.00		66.67	.500	66.	67	33.33
PERIODONTICS	26	35		3,869.00		110.54	5.833	148	81	644.83
ENDODONTICS	18	24		5,428.00		226.17	4.000	301	56	904.67
RESTORATIVE DENTISTRY	97	263		27,199.25		103.42	43.833	280	40	4533.21
PROSTHETICS	8	10		240.00		24.00	1.667	30.	00	40.00
DENTURES, STAYPLATES	32	77		10,356.00		134.49	12.833	323	63	1726.00
SPACE MAINTAINERS	0	0		.00		.00	.000		00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		00	.00
ALL OTHER SERVICES	10	18		.00		.00	3.000		00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE:	S MO		тдОдъ				00	PAGE 13,174
			ט וייו	MIII-OL-PAIMENI KE	r C O K I	LOIC UAIN .	ZUUJ INKU L	-EC 2003		01/29/04
MOPO24	FEE-FOR-SERVICE		חדמ	DECADD TOTAL						01/29/04
SANTA BARBARA COUN	SUMMAKI OF SERV	ICES FOR TITLE II	סדט	OKEGAKD - IUIAL			140	יא עד דער דער	ייי א כייז	7
O.C. BLICARDING	Hanna	INITES OF SERVICE			31700	7 GD GOGE	MC			

06 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	Υ	.00	٧	.00	.000	٧	.00	٧	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	٧	.00	Υ	.00	.000	٧	.00	٧	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	ب.	.00	\$.00	.000	ė,	.00	\$.00
NURSE ANESTHESIST	0	0	\$ \$.00		.00	.000	\$ \$.00	۶ \$.00
NURSE MIDWIFE	0	0	ج ج	.00	\$.00	.000	۶ \$.00	ې بې	.00
PEDIATRIC NURSE PRACTITIONER	•	0	ج ج	.00	۶ \$.00	.000	۶ \$.00	۶ \$.00
FAMILY NURSE PRACTITIONER	. 0	0	ج ج	.00	۶ \$.00	.000	<u>ن</u> ب	.00	۶ \$.00
@TOTAL HOSPITAL	10	25	ې خ		ب ب	193.53		۶ \$	483.82	۶ \$	806.36
	8	18	Þ	4,838.18 4,778.33	Ą	265.46	4.167 3.000	Ą	597.29	Ą	796.39
HOSP INPATIENT TOTAL	0	0				.00	.000		.00		
HSC HOSPITALS	0			.00							.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0				.00	.000				.00
ADMINISTRATIVE DAYS	0	-		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0				.00	.000		.00		.00
ALL OTHER ACCOM	-			.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8	18		4,778.33		265.46	3.000		597.29		796.39
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	/		59.85		8.55	1.167		29.93		9.98
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	· 2	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	7 6	4	59.85	4	8.55	1.167	ė.	29.93	۲,	9.98
@COUNTY HOSPITAL TOTAL	-		\$	27.10	\$	4.52	1.000	\$	27.10	\$	4.52
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00 .00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	6		27.10		4.52	1.000		27.10		4.52
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PATHOLOGY RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	•	6		27.10		4.52	1.000		27.10		4.52
#CALIF DEPT OF HEALTH SERV			סדכ ז	MONTH-OF-PAYMENT R	בט רם			חדיכ		D7	AGE 13,175
MOP024	FEE-FOR-SERVIC			JONIII OF FAIMENT R	.EF OIC.	I FOR UAN	2005 11110 1	DEC	2003	FF	01/29/04
SANTA BARBARA COUN		VICES FOR TITLE	דת דד	ISPECARD - TOTAL							01/23/04
PINITA DUNDANA COUN	POLITICAL OF SEK	ATCHO LOW ITING .	-	ISKEGARD - TOTAL			Mo	ОИТЪ	T'A VIEBV	GE -	
06 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY:				COST PER
00 111011110	ODLIND	OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	19		4,811.08	\$	253.21	3.167		534.56		801.85
101111			·r	1,011.00	Υ			7		т	

COMM HOSP INPATIENT TOTAL	8	18	4,778.33	265.46	3.000	597.29	796.39
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	18	4,778.33	265.46	3.000	597.29	796.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	32.75	32.75	.167	32.75	5.46
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

### MENTALLY ILL 0 0 0 0 0 0 0 0 0	CROSSOVERS/ALL OTH OUTPTNT	1	1		32.75		32.75	.167		32.75		5.46
Develop	@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
SUMBRING FACILITY	MENTALLY ILL	0	0		.00		.00	.000		.00		.00
LEV B-INTERMEDIATE	DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
LEV B-REHIAB MD	@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV B-SUBACUTE FREESTANDING	LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0	LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
ELVE B-REGULAR O O O O O O O O O O O O O	LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
######################################	LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ICF DDH	LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
ICF DD	@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
CF DDN/DDCN	ICF DDH	0	0		.00		.00	.000		.00		.00
#EMEMODIALYSIS TOTAL 0 0 0 \$.00 \$.	ICF DD	0	0		.00		.00	.000		.00		.00
HOSPITAL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
### HEMODIALYSIS CENTER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
@REHABILITATION FACILITY 0 0 \$.00 \$.00	HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HOSPITAL BASED	HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
@LABORATORY FACILITY 0 0 \$.00 \$.00 .00 \$.00 PATHOLOGY 0 0 .00	HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
PATHOLOGY XO AND OTHERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS 0 .00 .00 .00 .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 570 724 \$ 132,911.92 \$ 183.58 120.667 \$ 233.18 \$ 22151.99 CLINIC 0 0 .00	@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
@ORGANIZED OUTPATIENT CLINIC 570 724 \$ 132,911.92 \$ 183.58 120.667 \$ 233.18 \$ 22151.99 CLINIC 0 0 .00 <	PATHOLOGY	0	0		.00		.00	.000		.00		.00
CLINIC 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	XO AND OTHERS	0	0		.00		.00	.000		.00		.00
SURGICENTER 0 0 .00	@ORGANIZED OUTPATIENT CLINIC	570	724	\$	132,911.92	\$	183.58	120.667	\$	233.18	\$	22151.99
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 570 724 132,911.92 183.58 120.667 233.18 22151.99 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,176 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL	CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC 570 724 132,911.92 183.58 120.667 233.18 22151.99 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,176 MOP024 FEE-FOR-SERVICE/DENTAL SANTA BARBARA COUN SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL	SURGICENTER	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,176 MOP024 FEE-FOR-SERVICE/DENTAL SANTA BARBARA COUN SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL	HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL	RURAL HEALTH CLINIC											
SANTA BARBARA COUN SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPOR]	FOR JAN	2003 THRU	DEC	2003	P	AGE 13,176
	MOP024	FEE-FOR-SERVICE/DENT.	AL									01/29/04
MONTHLY AVERAGE	SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR TITLE	II DIS	SREGARD - TOTAL							
AC TITUTE OF COURTER O												

06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	240	1,745 \$	102,618.08	\$ 58.81	290.833 \$	427.58	\$ 17103.01
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	26	409	28,254.83	69.08	68.167	1086.72	4709.14
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	215	1,317	73,902.42	56.11	219.500	343.73	12317.07
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	3	80.83	26.94	.500	80.83	13.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	16	380.00	23.75	2.667	190.00	63.33
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	11	9	\$ 4,844.40	\$ 538.27	1.500	\$ 440.40	\$ 807.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,177
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COIN SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED ALD CODE 18

SANTA BARBARA COUN	SUMMARY OF SERV	VICES FOR IN HOME	SUP	PPORT - AGED		AID CODE					
							MC			GE	
03 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	721	9,750	\$	239,669.07	\$	24.58	3250.000	\$	332.41	\$	79889.69
@PHYSICIANS SERVICES	0	. 0	Ė	.00	Ė	.00	.000	Ė	.00	\$.00
OUTPATIENT VISITS	0	0	•	.00	•	.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00							
CRITICAL CARE	0	0				.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	Ü		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	U		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	23	5,912	\$	3,518.35	\$.60	1970.667	Ġ	152.97	\$	1172.78
PRESCRIPTION DRUGS	8	13	т	2,933.83	т.	225.68	4.333	т.	366.73	т.	977.94
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	8	13		2,933.83		225.68	4.333		366.73		977.94
MEDICAL SUPPLIES	15	5,899		584.52		.10	1966.333		38.97		194.84
@DENTIST	96	379	\$	16,225.00	\$	42.81	126.333	Ġ		\$	5408.33
VISITS - DIAGNOSTIC	56	224	Y	2,575.00	Ÿ	11.50	74.667	Ÿ	45.98	Ÿ	858.33
ORAL SURGERY	8	65		600.00		9.23	21.667		75.00		200.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
	2	2									
PERIODONTICS				245.00		122.50	.667		122.50		81.67
ENDODONTICS	4	4		1,105.00		276.25	1.333		276.25		368.33
RESTORATIVE DENTISTRY	17	41		2,185.00		53.29	13.667		128.53		728.33
PROSTHETICS	2	2		125.00		62.50	.667		62.50		41.67
DENTURES, STAYPLATES	24	40		9,390.00		234.75	13.333		391.25		3130.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00

0 MAXILLOFACIAL SERVICES 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .00 FRACTURES, DISLOCATIONS .000 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 .00 .00 .333 ALL OTHER SERVICES 1 1 .00 .00 .00

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA BARBARA COUN SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR IN HOME	SUPPORT	- AGED	AID CODE	18		
						MONT	THLY AVERAGE	
03 ELIGIBLES	USERS UNI	TS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$	-
	0	0	Y		.00	•	.00	.00
DIAGNOSTIC AND ANC. PROCED	0	-		.00		.000		
EYE APPLIANCES	U	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	Ö		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 s	.00
NURSE ANESTHESIST	0	0	۲ د	.00	\$.00	.000 \$.00 \$.00
	0	0	ې د	.00				
NURSE MIDWIFE	0	-	Ş		\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	U	0	Ş	.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	8CR	\$	812.00CR		2.667CR\$.00 \$	270.67CR
HOSP INPATIENT TOTAL	0	8CR		812.00CR	101.50	2.667CR	.00	270.67CR
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
	0	8CR				2.667CR		270.67CR
INPATIENT CROSSOVERS	0			812.00CR			.00	
ALL OTHER INPATIENT	U	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
	0	0						
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	Ü		.00	.00	.000	.00	.00
ANCILLARIES	O -	Ü		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
	-	-						

0 RADIOLOGY 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 ROOM USE .000 .00 CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .000 .00 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,179 #CALIF DEPT OF HEALTH SERV

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		PENDITUR	ES MONTH	I-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU I	DEC 2003		PAGE 13,179
MOP024	FEE-FOR-SERVICE			arran a a a a a a a a a a a a a a a a a	1.000		3.75 0055	1.0			01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR	IN HOME	SUPPORT	· - AGED		AID CODE		NTOTT 17 N 17 T	DAGE	
02 ELIGIDIEG	USERS	INTEG OF	CEDITOR		EXPENDITURES	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7		MO			
03 ELIGIBLES	USERS	UNITS OF			FYLFINDIIOKF2			UNITS/DAYS			COST PER ELIGIBLE
ecommunitary itocotrat momat	0	OR DAYS	OF CARE		010 000				USEK OSEK	Λ d	FLIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		8CR	Ş	812.00C		101.50	2.667CI	ζ\$.0	0 5	270.67CR
COMM HOSP INPATIENT TOTAL			8CR		812.00C	R	101.50	2.667CI			270.67CR
HSC HOSPITALS	0		0		.00		.00	.000			.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.0		.00
ACCOMMODATIONS	0		0		.00		.00	.000			.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	. 0		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	. 0		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.0		.00
ANCILLARIES	0		0		.00		.00	.000	.0		.00
INPATIENT CROSSOVERS	0		8CR		812.00C	R	101.50	2.667CI			270.67CR
ALL OTHER INPATIENT	0		0		.00		.00	.000	.0		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.0	0	.00
MEDICAL	0		0		.00		.00	.000	.0	0	.00
SURGERY	0		0		.00		.00	.000	.0	0	.00
PATHOLOGY	0		0		.00		.00	.000	.0	0	.00
RADIOLOGY	0		0		.00		.00	.000	.0	0	.00
ROOM USE	0		0		.00		.00	.000	.0	0	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.0	0	.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.0	0 \$.00
MENTALLY ILL	0		0	•	.00	•	.00	.000	. 0		.00
DEVELOP. DISABLED	0		0		.00		.00	.000	. 0	0	.00
@NURSING FACILITY	0		0	Ś	.00	\$.00	.000		0 \$	
LEV A-INTERMEDIATE	0		0	τ	.00	Υ	.00	.000	.0		.00
LEV B-REHAB MD	0		Ô		.00		.00	.000	.0		.00
LEV B-SUBACUTE FREESTANDING	0		Ô		.00		.00	.000	.0		.00
LEV B-SUBACUTE HSPTL BASED	Ô		Ô		.00		.00	.000	.0		.00
LEV B-TRANSITIONAL IP CARE	0		Ö		.00		.00	.000	.0		.00
LEV B-REGULAR	0		0		.00		.00	.000	.0		.00
@INTERMEDIATE CARE FACILDD	0		0	Ċ	.00	\$.00	.000		0 0 \$	
ICF DDH	0		0	Ÿ	.00	Ų	.00	.000	.0		.00
ICF DD	0		0		.00		.00	.000	.0		.00
ICF DDN/DDCN	0		0		.00		.00	.000	.0		.00
@HEMODIALYSIS TOTAL	0		0	ċ.	.00	\$.00	.000		0 \$	
	0		0	Ą	.00	Ą		.000	ş .0		.00
HOSPITAL BASED	0		0		.00		.00	.000	.0		.00
HEMODIALYSIS CENTER	0		0	Ċ		\$.00	.000		0 \$	
@REHABILITATION FACILITY	0		0	Ş	.00	Ş	.00				
HOSPITAL BASED	0		0		.00		.00	.000	. 0		.00
INDEPENDENT FACILITY	0		0	4	.00		.00	.000	.0		.00
@LABORATORY FACILITY	0		•	\$.00	\$.00	.000		0 \$	
PATHOLOGY	0		0		.00		.00	.000	. 0		.00
XO AND OTHERS	0		0		.00		.00	.000	. 0		.00
@ORGANIZED OUTPATIENT CLINIC	103		143	\$	26,551.44	\$	185.67	47.667			8850.48
CLINIC	0		0		.00		.00	.000	. 0		.00
SURGICENTER	0		0		.00		.00	.000	. 0		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000	.0		.00
RURAL HEALTH CLINIC	103		143		26,551.44		185.67	47.667	257.7		8850.48
	MEDI-CAL SERVIC		PENDITUR	ES MONTH	-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU I	DEC 2003		PAGE 13,180
MOP024	FEE-FOR-SERVICE										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR	IN HOME	SUPPORT	' - AGED		AID CODE	18			
								7.47	ATITITE SE ASSET	ם א מם	

----- MONTHLY AVERAGE -----03 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	566	3,324 \$	194,186.28	\$ 58.42	1108.000	\$ 343.09	\$ 64728.76
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	8	162	10,950.71	67.60	54.000	1368.84	3650.24
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	559	3,162	183,235.57	57.95	1054.000	327.79	61078.52
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ 812.00CR \$.00	.000 \$.00 \$	270.67CR

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,181 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 55.67 @TOTAL, ALL PROVIDERS 120 6,679.97 \$.000 \$ 278.33 \$.00 24 \$ @PHYSICIANS SERVICES 0 0 \$.00 \$.00 .000 \$.00 .00 OUTPATIENT VISITS 0 .00 .00 .000 .00 0 .00 .00 .00 .00 OFFICE VISITS .000 .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .00 OTHER OUTPATIENT .000 .00 INPATIENT VISITS .00 .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 .00 SERVICES AND MATERIALS .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 0 .00 .00 DIALYSIS .00 .000 .00 PATHOLOGY 0 .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION 0 .00 .000 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 0 .00 .00 .000 .00 .00 @PHARMACY .00 .00 .000 .00 \$.00 .00 .00 PRESCRIPTION DRUGS .000 .00 .00 0 .00 .00 .000 .00 .00 SNF/ICF 0 .00 OUTPATIENTS .00 .000 .00 .00 .00 0 .00 .000 .00 MEDICAL SUPPLIES .00 @DENTIST 485.00 \$ 53.89 .000 \$ 161.67 \$.00

VISITS - DIAGNOSTIC	1	1	15.00	15.00	.000	15.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	8	470.00	58.75	.000	156.67	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M					PAGE 13,182
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV		PORT - BLIND	AID CODE	28		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	U	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	U	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	U	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	Ü	U	.00	.00	.000	.00	.00

VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

	_		_			_					
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENI	DITURI	ES MON'	TH-OF-PAYMENT	REPORT	FOR JAN 2	2003 THRU D	EC 2003	I	PAGE 13,183
MOP024	FEE-FOR-SERVICE	DENTAL									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR IN	HOME	SUPPO	RT - BLIND		AID CODE	28			
									NTHLY AVER		
00 ELIGIBLES	USERS	UNITS OF SEE			EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF					R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00		.00	.000	•		.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0		0	\$.00		.00			\$.00
MENTALLY ILL	0		0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000	.00		.00
@NURSING FACILITY	0		0	\$.00		.00			\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
LEV B-REGULAR	0		0	_	.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00		.00		\$.00		.00
ICF DDH	0		0		.00		.00	.000	.00		.00
ICF DD	0		0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0		0	_	.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00		.00	.000	\$.00		.00

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

0

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@ORGANIZED OUTPATIENT CLINIC	5	5	\$	927.73	\$	185.55	.000 \$		\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	5	5		927.73		185.55	.000	185.55		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MO	NTH-OF-PAYMENT I	REPORT	FOR JAN 2	2003 THRU DE	C 2003	PA	GE 13,184
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	IN HOME	SUPP	ORT - BLIND		AID CODE	28			
							MON	THLY AVERA	.GE -	
00 ELIGIBLES	USERS UNITS (F SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	C	OST PER
	OR DAY	S OF CARE			PER	UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	17	106	\$	5,267.24	\$	49.69	.000 \$	309.84	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00

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OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 OPTICIAN 0 .00 .00 .000 .00 PHYSICAL THERAPIST 0 .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .000 .00 PSYCHOLOGIST 0 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY Ω .00 .00 .000 .00 .00 .00 .000 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 0 ALL OTHER PROVIDERS .00 .00 .000 .00

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IHMC, MODEL-NF, NF, AIDS, MSSP

@CALIF. CHILDREN SERVICES*

@XOVER EXCLUDING STATE HOSP**

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,185
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

						MON	ITHLY AVERA	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	:		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	262	17,979	\$	105,752.11	\$ 5.88	7979.000	403.63	\$105752.11
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.00	.000		.00	.00
PSYCHIATRY	0	0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00	.00
@PHARMACY	19	9,857	Ś	2,215.61	\$.22		\$	116.61	\$ 2215.61
		•	Ą	· ·	Ą			Ą		914.78
PRESCRIPTION DRUGS	5	10		914.78		91.48	10.000		182.96	
SNF/ICF	0	0		.00		.00	.000		.00	.00
OUTPATIENTS	5	10		914.78		91.48	10.000		182.96	914.78
MEDICAL SUPPLIES	14	9,847		1,300.83		.13	9847.000		92.92	1300.83
@DENTIST	81	286	\$	12,643.40	\$	44.21	286.000	\$	156.09	\$ 12643.40
VISITS - DIAGNOSTIC	47	162		2,037.40		12.58	162.000		43.35	2037.40
ORAL SURGERY	13	42		2,609.00		62.12	42.000		200.69	2609.00
DRUGS	0	- 0		.00		.00	.000		.00	.00
ANESTHESIA	4	4		400.00		100.00	4.000		100.00	400.00
PERIODONTICS	4	4		718.00		179.50	4.000		179.50	718.00
	4	7					7.000			
ENDODONTICS	10	· ·		1,800.00		257.14			300.00	1800.00
RESTORATIVE DENTISTRY	19	38		2,421.00		63.71	38.000		127.42	2421.00
PROSTHETICS	3	3		80.00		26.67	3.000		26.67	80.00
DENTURES, STAYPLATES	8	23		2,503.00		108.83	23.000		312.88	2503.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	.00
MAXILLOFACIAL SERVICES	1	1		75.00		75.00	1.000		75.00	75.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	.00
ALL OTHER SERVICES	1	2		.00		.00	2.000		.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURE	C MONTE		דם∩ם			חביכ		PAGE 13,186
MOP024	FEE-FOR-SERVICE/		5 MONTI	I-OF-PAIMENT KI	EF OIC I	. POR UAN	2003 11110 1	DEC	2003	01/29/04
			CIIDDODI			ATD CODE	60			01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR IN HOME	SUPPORT	- DISABLED		AID CODE				7.0
01 77 77 77					3.7.7		MO	-		
01 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY:		COST PER	COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
01 ELIGIBLES @OPTOMETRIST	0	OR DAYS OF CARE 0	\$.00			PER ELIG		USER .00	
	0	OR DAYS OF CARE 0 0	\$		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	OR DAYS OF CARE 0	\$.00	PER	UNIT/DAY	PER ELIG		USER .00	<pre>\$.00</pre>
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0	OR DAYS OF CARE 0 0	\$.00	PER	UNIT/DAY	PER ELIG .000 .000		USER .00 .00	* .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 0 0	OR DAYS OF CARE 0 0 0 0 0 0	\$.00	PER	UNIT/DAY .00 .00 .00	PER ELIG .000 .000 .000		USER .00 .00	ELIGIBLE \$.00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0		.00 .00 .00 .00	PER \$	UNIT/DAY .00 .00 .00 .00	PER ELIG .000 .000 .000 .000	\$	USER .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0		.00 .00 .00 .00 .00	PER \$	UNIT/DAY .00 .00 .00 .00 .00	PER ELIG .000 .000 .000 .000 .000	\$	USER .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 \$.00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00	PER \$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 .000 .000 .000 .000 .000	\$	USER .00 .00 .00 .00 .00	\$.00 .00 .00 .00 \$.00 \$.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0		.00 .00 .00 .00 .00 .00	PER \$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 .000 .000 .000 .000 .000	\$	USER .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00	PER \$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000	\$	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00	PER \$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG	\$	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00	PER \$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG	\$	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00	PER \$ \$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG	\$\$\frac{1}{2}\$	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ \$.00 .00 .00 .00 .00 .00 .00 .00	PER \$ \$ \$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$P	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 \$.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ \$.00 .00 .00 .00 .00 .00 .00 .00	PEF \$ \$ \$ \$ \$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$\tau_{\\ \tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\\ \tau_{\tau_{\\ \tau_{\tau_{\\ \tau_{\tau_{\\ \tau_{\\ \tau_{\\ \tau_{\\ \tau_{\\ \tau_{\\ \tau_{\\ \tau_{\\ \\ \tau_{\\ \tau_{\\ \tau_{\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00 .00	PER \$ \$ \$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$P	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 \$.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTIC AND ANC. PROCED	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ \$.00 .00 .00 .00 .00 .00 .00 .00	PEF \$ \$ \$ \$ \$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$\tau_{\\ \tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\tau_{\\ \tau_{\tau_{\\ \tau_{\tau_{\\ \tau_{\tau_{\\ \tau_{\\ \tau_{\\ \tau_{\\ \tau_{\\ \tau_{\\ \tau_{\\ \tau_{\\ \\ \tau_{\\ \tau_{\\ \tau_{\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00	PEF \$ \$ \$ \$ \$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG	ው ው ው ው	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	. ପ ଦ ଦ ଦଦ୍ୱ	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER S S S SSSSS	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG	<i>ላ</i> ን ላን ላን ላን ላን	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 \$.00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER PS \$ \$ \$\$\$\$\$\$\$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG	ል የነ የነ የነ የነት የነት የነት የነት	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 \$.00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER PS \$ \$ \$\$\$\$\$\$\$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG	ል የነ የነ የነ የነት የነት የነት የነት	USER	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER PS \$ \$ \$\$\$\$\$\$\$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG	ል የነ የነ የነ የነት የነት የነት የነት	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER PS \$ \$ \$\$\$\$\$\$\$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG	ል የነ የነ የነ የነት የነት የነት የነት	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER PS \$ \$ \$\$\$\$\$\$\$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG	ል የነ የነ የነ የነት የነት የነት የነት	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER PS \$ \$ \$\$\$\$\$\$\$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ል የነ የነ የነ የነት የነት የነት የነት	USER	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER PS \$ \$ \$\$\$\$\$\$\$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ል የነ የነ የነ የነት የነት የነት የነት	USER	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER PS \$ \$ \$\$\$\$\$\$\$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ል የነ የነ የነ የነት የነት የነት የነት	USER	\$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

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140.87CR

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8.000CR

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70.44CR

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140.87CR

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

ANCILLARIES

MEDICAL

2

0

0

0

0

0

0

8CR

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0						
CROSSOVERS/ALL OTH OUTPINT	U	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	Ü	0 \$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MOD	NTH-OF-PAYMENT REE	PORT FOR JAN 2	2003 THRU DEC	2003 E	PAGE 13,187
MOP024	FEE-FOR-SERVICE						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR IN HOME SUPPO	ORT - DISABLED	AID CODE	68		
					MONTI	TIV AMEDACE	
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
01 ELIGIBLES	USERS	OR DAYS OF CARE		PER UNIT/DAY	UNITS/DAYS O	COST PER USER	ELIGIBLE
01 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS 2		EXPENDITURES 140.87CR	PER UNIT/DAY	UNITS/DAYS (COST PER	
	USERS 2 2	OR DAYS OF CARE		PER UNIT/DAY	UNITS/DAYS O	COST PER USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	USERS 2 2 0	OR DAYS OF CARE 8CR \$	140.87CR	PER UNIT/DAY \$ 17.61	UNITS/DAYS OF PER ELIG 8.000CR\$	COST PER USER 70.44CR\$	ELIGIBLE 140.87CR
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS 2 2 0 0	OR DAYS OF CARE 8CR \$ 8CR	140.87CR 140.87CR	PER UNIT/DAY \$ 17.61 17.61	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR	COST PER USER 70.44CR\$ 70.44CR	ELIGIBLE 140.87CR 140.87CR
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0	140.87CR 140.87CR .00	PER UNIT/DAY \$ 17.61 17.61 .00 .00	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000	COST PER USER 70.44CR\$ 70.44CR .00	ELIGIBLE 140.87CR 140.87CR .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0	140.87CR 140.87CR .00 .00	PER UNIT/DAY \$ 17.61 17.61 .00 .00	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000	COST PER USER 70.44CR\$ 70.44CR .00 .00	ELIGIBLE 140.87CR 140.87CR .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0	140.87CR 140.87CR .00 .00 .00	PER UNIT/DAY \$ 17.61 17.61 .00 .00 .00 .00	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000	COST PER USER 70.44CR\$ 70.44CR .00 .00 .00	ELIGIBLE 140.87CR 140.87CR .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0 0 0	140.87CR 140.87CR .00 .00 .00 .00	PER UNIT/DAY \$ 17.61	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000 .000	OST PER USER 70.44CR\$ 70.44CR .00 .00 .00	ELIGIBLE 140.87CR 140.87CR .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0 0 0 0 0	140.87CR 140.87CR .00 .00 .00 .00 .00	PER UNIT/DAY \$ 17.61 17.61 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000 .000 .000 .000	OST PER USER 70.44CR\$ 70.44CR .00 .00 .00 .00	ELIGIBLE 140.87CR 140.87CR .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0 0 0 0 0 0	140.87CR 140.87CR .00 .00 .00 .00 .00	PER UNIT/DAY \$ 17.61 17.61 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000 .000 .000 .000 .00	OST PER USER 70.44CR\$ 70.44CR .00 .00 .00 .00	ELIGIBLE 140.87CR 140.87CR .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0 0 0 0 0 0 0 8CR	140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$ 17.61 .00 .00 .00 .00 .00 .00 .00 .00 .17.61	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000 .000 .000 .000 .00	OST PER USER 70.44CR\$ 70.44CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ELIGIBLE 140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0 0 0 0 0 0 0 8CR	140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$ 17.61 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000 .000 .000 .000 .00	OST PER USER 70.44CR\$ 70.44CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ELIGIBLE 140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .140.87CR
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0 0 0 0 0 0 0 8CR	140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.61	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000 .000 .000 .000 .00	OST PER USER 70.44CR\$ 70.44CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ELIGIBLE 140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .100 .00 .00 .0
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0 0 0 0 0 0 0 8CR	140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.61	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000 .000 .000 .000 .00	OST PER USER 70.44CR\$ 70.44CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ELIGIBLE 140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0 0 0 0 0 0 0 8CR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.61	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000 .000 .000 .000 .00	COST PER USER 70.44CR\$ 70.44CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ELIGIBLE 140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0 0 0 0 0 0 0 8CR	140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.61	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000 .000 .000 .000 .00	OST PER USER 70.44CR\$ 70.44CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ELIGIBLE 140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.61	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000 .000 .000 .000 .00	OST PER USER 70.44CR\$ 70.44CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ELIGIBLE 140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0 0 0 0 0 0 0 8CR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.61	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000 .000 .000 .000 .00	OST PER USER 70.44CR\$ 70.44CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ELIGIBLE 140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0 0 0 0 0 0 0 8CR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.61	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000 .000 .000 .000 .00	OST PER USER 70.44CR\$ 70.44CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ELIGIBLE 140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0 0 0 0 0 0 0 8CR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.61	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000 .000 .000 .000 .00	OST PER USER 70.44CR\$ 70.44CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ELIGIBLE 140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.61	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000 .000 .000 .000 .00	OST PER USER 70.44CR\$ 70.44CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ELIGIBLE 140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0 0 0 0 0 0 0 8CR 0 0 0 0 0 0 0 0 8CR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.61	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000 .000 .000 .000 .00	OST PER USER 70.44CR\$ 70.44CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ELIGIBLE 140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0 0 0 0 0 0 0 8CR 0 0 0 0 0 0 0 0 8CR 0 0 0 0 0 0 8 CR	140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.61	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000 .000 .000 .000 .00	OST PER USER 70.44CR\$ 70.44CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ELIGIBLE 140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	2 2 0	OR DAYS OF CARE 8CR \$ 8CR 0 0 0 0 0 0 0 0 0 8CR 0 0 0 0 0 0 0 \$ 0 0 0 0 0 \$ 0 0 0 0 0	140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER UNIT/DAY \$ 17.61	UNITS/DAYS PER ELIG 8.000CR\$ 8.000CR .000 .000 .000 .000 .000 .000 .00	OST PER USER 70.44CR\$ 70.44CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ELIGIBLE 140.87CR 140.87CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

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LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REHAB MD

LEV B-REGULAR

ICF DDH

ICF DD

0

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0

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ICF DDN/DDCN	0	0		.00		.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00 \$	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00 \$	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	-	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	Ś	.00 \$	\$.00
PATHOLOGY	0	0	•	.00	•	.00	.000		.00	.00
XO AND OTHERS	0	0		.00		.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	154	196	\$	36,147.53	\$	184.43	196.000	Ś		\$ 36147.53
CLINIC	0	0	т	.00	т.	.00	.000	т	.00	.00
SURGICENTER	0	0		.00		.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	.00
RURAL HEALTH CLINIC	154	196		36,147.53		184.43	196.000		234.72	36147.53
			FC M	ONTH-OF-PAYMENT RE	р∩рт			חדכ		PAGE 13,188
MOP024	FEE-FOR-SERVICE			SIVIII OI IIIIIIIIVI ICE.	1 01(1	1010 01110	2005 11110	рцс	2005	01/29/04
SANTA BARBARA COUN		ICES FOR IN HOME	CIID	חשוםגסות – הדפאם		AID CODE	6.8			01/25/04
SANTA BARBARA COUN	SUMMART OF SERV.	ICES FOR IN HOME	SUP	FORT - DISABLED		AID CODE		<u></u>	HLY AVERAGE	~
01 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/17/17		UNITS/DAY			COST PER
OI FILGIBLES	USEKS	OR DAYS OF CARE		EXPENDITORES			ONIIS/DAI PER ELIG		USER	ELIGIBLE
@ALL OTHER PROVIDERS	47	7,648	\$	54,886.44	\$ \$	7.18	-		1167.80 \$	
	0	7,040	Ą	.00	Ą	.00	.000	Ą	.00	.00
DURABLE MED. EQUIP.	0	0					.000			.00
BLOOD BANK	0	0		.00		.00			.00	
HEARING AID DISPENSERS	-	U		.00		.00	.000		.00	.00
MEDICAL TRANSPORTATION	0	U		.00		.00	.000		.00	.00
AMBULANCES/AIR TRANS	U	U		.00		.00	.000		.00	.00
OTHER TRANS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
ACUPUNCTURE	Ü	0		.00		.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	3	44		3,017.08		68.57	44.000		1005.69	3017.08
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	42	2,329		51,350.71		22.05	2329.000		1222.64	51350.71
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	.00
OPTICIAN	0	0		.00		.00	.000		.00	.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00	.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00	.00
PROSTHETICS	0	0		.00		.00	.000		.00	.00
ORTHOTICS	0	0		.00		.00	.000		.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00	.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	.00
ALL OTHER PROVIDERS	2	5,275		518.65		.10			259.33	518.65
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00 \$	\$.00
@XOVER EXCLUDING STATE HOSP**	2	0	\$	140.87CR		.00	.000		70.44CR	
@* TOTALS IN THESE LINES ARE					•		.	•		
THE AMOUNTS ARE ALREADY IN										
** THESE DATA ARE INCLUDED I										
#CALIF DEPT OF HEALTH SERV				ONTH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRIJ	DEC	2003	PAGE 13,189
MOP024	FEE-FOR-SERVICE									01/29/04
SANTA BARRARA COUN		TORS FOR IN HOME	CIID	DORT - TOTAL						01, 20, 01

⁰⁴ ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

SANTA BARBARA COUN

@TOTAL, ALL PROVIDERS	1,007	27,849 \$	352,101.15	\$	12.64	6962.250	\$	349.65		88025.29
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00		.00	.000		.00		.00
OFFICE VISITS	0	0	.00		.00	.000		.00		.00
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0	.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00		.00
INPATIENT VISITS HOSPITAL VISITS	0	0	.00		.00	.000		.00		.00
CRITICAL CARE	0	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00		.00
EXAMINATIONS	0	0	.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	Ô	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000		.00		.00
@PHARMACY	42	15,769 \$	5,733.96	\$.36	3942.250	\$	136.52	\$	1433.49
PRESCRIPTION DRUGS	13	23	3,848.61		167.33	5.750		296.05		962.15
SNF/ICF	0	0	.00		.00	.000		.00		.00
OUTPATIENTS	13	23	3,848.61		167.33	5.750		296.05		962.15
MEDICAL SUPPLIES	29	15,746	1,885.35		.12	3936.500		65.01		471.34
@DENTIST	180	674 \$	29,353.40	\$	43.55	168.500	\$	163.07	\$	7338.35
VISITS - DIAGNOSTIC	104	387	4,627.40		11.96	96.750		44.49		1156.85
ORAL SURGERY	21	107	3,209.00		29.99	26.750		152.81		802.25
DRUGS	0 4	0	.00		.00	.000		.00		.00
ANESTHESIA PERIODONTICS	6	4 6	400.00 963.00		100.00 160.50	1.000 1.500		100.00 160.50		100.00 240.75
ENDODONTICS ENDODONTICS	10	11	2,905.00		264.09	2.750		290.50		726.25
RESTORATIVE DENTISTRY	36	79	4,606.00		58.30	19.750		127.94		1151.50
PROSTHETICS	5	5	205.00		41.00	1.250		41.00		51.25
DENTURES, STAYPLATES	35	71	12,363.00		174.13	17.750		353.23		3090.75
SPACE MAINTAINERS	0	0	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1	75.00		75.00	.250		75.00		18.75
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	3	.00							.00
	MEDI-CAL SERVIC	ES AND EXPENDITURES MON							F	AGE 13,190
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR IN HOME SUPPO	RT - TOTAL							
						M	TNO	HLY AVERA	ιGΕ	
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	r UNITS/DAY	'S	COST PER		COST PER
		OR DAYS OF CARE				Y PER ELIC		USER		ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000	\$.00	\$	
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00

@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00	.00
SURGERY/ANES.	0	0	.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.00
OTHER	0	0	.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	2	16CR	\$ 952.87CR	\$ 5	9.55	4.000CR\$	476.44CR\$	238.22CR
HOSP INPATIENT TOTAL	2	16CR	952.87CR	5	9.55	4.000CR	476.44CR	238.22CR
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	16CR		952.87CR	59.55	4.000CR	476.44CR	238.22CR
ALL OTHER INPATIENT	0	0		.00	.00	.000 .000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
	0	0						
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	U	U		.00	.00	.000	.00	.00
ROOM USE	U	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	U	0	_	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00	.000 \$.00 \$	
CO HOSPITAL INPATIENT TOTAL	Ü	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE	S MONTH-	OF-PAYMENT REP	PORT FOR JAN	2003 THRU DEG	2 2003	PAGE 13,191
MOP024	FEE-FOR-SERVICE	DENTAL						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	CES FOR IN HOME	SUPPORT	- TOTAL				
						MON'	THLY AVERAGE	
04 ELIGIBLES	USERS	UNITS OF SERVICE	F	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	16CR	\$	952.87CR		4.000CR\$	476.44CR\$	
COMM HOSP INPATIENT TOTAL	2	16CR	•	952.87CR	59.55	4.000CR	476.44CR	238.22CR
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINICUDATIONS	0	0		.00	.00	.000	.00	.00

					1.10141		
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	16CR \$	952.87CR	\$ 59.55	4.000CR\$	476.44CR\$	238.22CR
COMM HOSP INPATIENT TOTAL	2	16CR	952.87CR	59.55	4.000CR	476.44CR	238.22CR
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	16CR	952.87CR	59.55	4.000CR	476.44CR	238.22CR
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	262	344	\$	63,626.70	\$	184.96	86.000	\$	242.85	\$	15906.68
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	262	344		63,626.70		184.96	86.000		242.85		15906.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	_	RES MON	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	F	PAGE 13,192
MOP024	FEE-FOR-SERVICE/DENTAL	1									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FO	R IN HOM	E SUPPO	ORT - TOTAL							
MONTHLY AVERAGE											

0.4						VITLI AVEKA	
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	630	11,078 \$	254,339.96	\$ 22.96	2769.500		\$ 63584.99
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	11	206	13,967.79	67.80	51.500	1269.80	3491.95
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	618	5,597	239,853.52	42.85	1399.250	388.11	59963.38
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	5,275	518.65	.10	1318.750	259.33	129.66
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	.00	

@XOVER EXCLUDING STATE HOSP** 2 0 \$ 952.87CR \$.00 .000 \$ 476.44CR\$ 238.22CR

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,193 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

SANTA BARBARA COUN	SUMMARY OF SERV	TICES FOR PUBLIC ASSIS	TANCE - AGED				~=
120						THLY AVERA	
138 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,108	117,344 \$	1,530,349.15	\$ 13.04	850.319		\$ 11089.49
@PHYSICIANS SERVICES	12	19 \$	300.00	\$ 15.79	.138		\$ 2.17
OUTPATIENT VISITS	1	1	24.00	24.00	.007	24.00	.17
OFFICE VISITS	1	1	24.00	24.00	.007	24.00	.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	25.00	25.00	.007	25.00	.18
EXAMINATIONS	1	1	25.00	25.00	.007	25.00	.18
	1	1	.00	.00	.007	.00	.00
SERVICES AND MATERIALS	0	0					
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	U	-	.00	.00	.000	.00	.00
ASSISTANT SURGEON	U	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	54.82	27.41	.014	54.82	.40
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	15	196.18	13.08	.109	21.80	1.42
@PHARMACY	161	39,236 \$	27,567.58	\$.70	284.319	171.23	\$ 199.77
PRESCRIPTION DRUGS	98	215	19,691.68	91.59	1.558	200.94	142.69
SNF/ICF	8	11	2,587.67	235.24	.080	323.46	18.75
OUTPATIENTS	90	204	17,104.01	83.84	1.478	190.04	123.94
MEDICAL SUPPLIES	70	39,021	7,875.90	.20	282.761	112.51	57.07
@DENTIST	1,233	5,034 \$	219,984.48	\$ 43.70	36.478		\$ 1594.09
VISITS - DIAGNOSTIC	753	3,010	35,571.80	11.82	21.812	47.24	257.77
ORAL SURGERY	192	580	21,953.18	37.85	4.203	114.34	159.08
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	9	9	600.00	66.67	.065	66.67	4.35
PERIODONTICS	59	61	6,963.00	114.15	.442	118.02	50.46
ENDODONTICS ENDODONTICS	46	69	15,328.00	222.14	.500	333.22	111.07
RESTORATIVE DENTISTRY	269	675	51,529.50	76.34	4.891	191.56	373.40
PROSTHETICS	269	30	985.00	32.83	.217	33.97	7.14
		575					
DENTURES, STAYPLATES	248		87,054.00	151.40	4.167	351.02	630.83
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	28	25	.00	.00	.181	.00	.00

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01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA BARBARA COUN SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

DIMITII DIMIDIMII GOGII	011111111	1020 1011 102210 1	10010	11025			MC	NTHLY AVERA	GE	
138 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAG	E COST	UNITS/DAYS			COST PER
	0.0	OR DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	11		\$	683.45		25.31	.196		Ġ	4.95
DIAGNOSTIC AND ANC. PROCED	9	6	Y	284.70	•	7.45	.043	31.63	Y	2.06
	10	21		398.75		.8.99		39.88		2.89
EYE APPLIANCES	0				Т		.152			
OTHER OPTOMETRIC SERVICES		0	4	.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	1	1	\$	26.70	\$ 2	6.70	.007	\$ 26.70	\$.19
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	1	1		26.70	2	6.70	.007	26.70		.19
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Š	.00	Š	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$ \$.00	.000	•	Š	.00
@TOTAL HOSPITAL	15		\$	2,889.52CR		0.40	.174CR	•		20.94CR
	13	48CR	Ą			0.40				
HOSP INPATIENT TOTAL	0			3,389.06CR	/		.348CR		.R.	24.56CR
HSC HOSPITALS	-	0		.00	0.5	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	1	3		2,871.00		7.00	.022	2871.00		20.80
ACCOMMODATIONS	1	3		2,871.00	95	7.00	.022	2871.00		20.80
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	3		2,871.00	95	7.00	.022	2871.00		20.80
ANCILLARIES	1	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	4	51CR		6,260.06CR	12	2.75	.370CR	1565.020	!R	45.36CR
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	10	24		499.54	2	0.81	.174	49.95		3.62
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	10	24		499.54	2	10.81	.174	49.95		3.62
@COUNTY HOSPITAL TOTAL	1	1	\$	5.07		5.07	.007		\$.04
CO HOSPITAL INPATIENT TOTAL	0	0	Ÿ	.00	Ÿ	.00	.000	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00				.00		.00
ACCOMMODATIONS	0	0				.00	.000			
ADMINISTRATIVE DAYS	U	U		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		5.07		5.07	.007	5.07		.04
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		5.07		5.07	.007	5.07		.04
	_	_	'C MC	ONTH-OF-PAYMENT REI	ם דק∩ם				т	PAGE 13,195
HOWITH DREI OF UDWITH DEWA	LIEDT_CWT SEVATO	ED AND EAPENDIIURE	יין ניין	MIII-OL-EAIMENI KEI	FORT FU	'I' O'AIN 2	TOND THEO P	EC 2003	E	נעד, כד המש:

						MON'	THLY AVERAGE	
138 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	25CR \$	5	2,894.59CR	\$ 115.78	.181CR\$	206.76CR\$	20.98CR
COMM HOSP INPATIENT TOTAL	5	48CR		3,389.06CR	70.61	.348CR	677.81CR	24.56CR
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3		2,871.00	957.00	.022	2871.00	20.80
ACCOMMODATIONS	1	3		2,871.00	957.00	.022	2871.00	20.80
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3		2,871.00	957.00	.022	2871.00	20.80
ANCILLARIES	1	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	51CR		6,260.06CR	122.75	.370CR	1565.02CR	45.36CR
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	9	23		494.47		21.50	.167		54.94		3.58
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	9	23		494.47		21.50	.167		54.94		3.58
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	0	\$	1,080.00CR	Ś	.00	.000	Ś	1080.00C	RŚ	7.83CR
LEV A-INTERMEDIATE	0	0	τ	.00	Ψ	.00	.000	τ.	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	0		1,080.00CR		.00	.000		1080.00C	R	7.83CR
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00		.00
ICF DDH	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ś	.00	.000	Ś	.00	Ġ	.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	4	.00	Ś	.00	.000	Ġ	.00	۲,	.00
	0	0	\$		Ş		.000	Þ	.00	\$.00
HOSPITAL BASED	0	0		.00		.00					
INDEPENDENT FACILITY	0	0	4	.00	4	.00	.000	4	.00	4	.00
@LABORATORY FACILITY	1	2	\$	38.67	\$	19.34	.014	Ş	38.67	Ş	. 28
PATHOLOGY	1	2		38.67		19.34	.014		38.67		.28
XO AND OTHERS	0	0		.00		.00	.000	4.	.00	4.	.00
@ORGANIZED OUTPATIENT CLINIC	2,297	3,024	Ş	552,653.11	Ş	182.76	21.913	\$	240.60	\$	4004.73
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,297	3,024		552,653.11		182.76	21.913		240.60		4004.73
#CALIF DEPT OF HEALTH SERV			JRES M	ONTH-OF-PAYMENT REI	PORT	FOR JAN	2003 THRU	DEC	2003	P	PAGE 13,196
MOP024	FEE-FOR-SERVICE										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	VICES FOR PUBLIC	: ASSI	STANCE - AGED							
									HLY AVERA		
138 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER

4.0.0							
138 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,706	70,025 \$	733,064.68	\$ 10.47	507.428 \$	429.70	\$ 5312.06
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	185	3,432	236,687.92	68.97	24.870	1279.39	1715.13
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	1,475	8,547	488,195.59	57.12	61.935	330.98	3537.65
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	15	327.45	21.83	.109	65.49	2.37
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	19.14	9.57	.014	19.14	.14
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	53	58,029	7,834.58	.14	420.500	147.82	56.77
@CALIF. CHILDREN SERVICES*	0	0	\$.00 \$.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	27	60	\$ 5,372.97CR \$	89.55CR	.435	\$ 199.00CR\$	38.93CR

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 13,197

01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

Simili Bimbinii 000ii	Sommer of Serv	. 1022 1011 102210	11001	3111.02 2211.2			MC	יוידער	II.V AVERA	GE	
20 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ1/EE	AGE COST	UNITS/DAYS	-	COST PER	-	COST PER
20 111011110	OBERB	OR DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	585	2,665	\$	168,541.94	\$	63.24		\$	288.11	\$	8427.10
@PHYSICIANS SERVICES	6	2,003	\$	335.23	\$	37.25	.450		55.87	\$	16.76
OUTPATIENT VISITS	6	7	Ÿ	266.90	Y	38.13	.350	Ÿ	44.48	Ÿ	13.35
OFFICE VISITS	6	, 7		266.90		38.13	.350		44.48		13.35
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		
	0	0									.00
HOSPITAL VISITS	U	· ·		.00		.00	.000		.00		.00
CRITICAL CARE	U	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	U	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	U	· ·		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	2		68.33		34.17	.100		34.17		3.42
RADIOLOGY	0	•		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	25	267	\$	8,233.25	\$	30.84	13.350	\$	329.33	\$	411.66
PRESCRIPTION DRUGS	21	61		7,848.20		128.66	3.050		373.72		392.41
SNF/ICF	3	2		13.23		6.62	.100		4.41		.66
OUTPATIENTS	18	59		7,834.97		132.80	2.950		435.28		391.75
MEDICAL SUPPLIES	5	206		385.05		1.87	10.300		77.01		19.25
@DENTIST	135	567	\$	18,453.25	\$	32.55	28.350	\$	136.69	\$	922.66
VISITS - DIAGNOSTIC	91	389		4,398.25		11.31	19.450		48.33		219.91
ORAL SURGERY	16	38		2,209.00		58.13	1.900		138.06		110.45
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	2	2		200.00		100.00	.100		100.00		10.00

PERIODONTICS	8	10	1,554.00	155.40	.500	194.25	77.70
ENDODONTICS	4	9	1,722.00	191.33	.450	430.50	86.10
RESTORATIVE DENTISTRY	31	73	4,405.00	60.34	3.650	142.10	220.25
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	13	35	3,510.00	100.29	1.750	270.00	175.50
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	7	455.00	65.00	.350	91.00	22.75
ALL OTHER SERVICES	4	4	.00	.00	.200	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES M	ONTH-OF-PAYMENT REPO	RT FOR JAN	2003 THRU DE	C 2003	PAGE 13,198
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICE	S FOR PUBLIC ASSI	STANCE - BLIND				

SANTA BARBARA COUN	SUMMARY OF SERVICE	CES FOR PUBLIC ASSIST.	ANCE - BLIND				
					MON'	THLY AVERAG	E
20 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	2	7 \$	149.57	\$ 21.37	.350 \$	74.79	\$ 7.48
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.100	47.45	4.75
EYE APPLIANCES	1	5	54.67	10.93	.250	54.67	2.73
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	8 \$	542.11	\$ 67.76	.400 \$	542.11	\$ 27.11
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	2	5 \$	917.28	\$ 183.46	.250 \$	458.64	\$ 45.86
HOSP INPATIENT TOTAL	2	5	917.28	183.46	.250	458.64	45.86
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	5	917.28	183.46	.250	458.64	45.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 13,199
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES F	OR PUBLIC ASSI	STANCE - BLIND				

----- MONTHLY AVERAGE -----20 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE @COMMUNITY HOSPITAL TOTAL 5 917.28 183.46 .250 \$ 458.64 \$ 45.86 COMM HOSP INPATIENT TOTAL 5 917.28 183.46 .250 458.64 45.86 HSC HOSPITALS 0 .00 .00 .000 . 00 . 00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .000 .00 .00 917.28 183.46 .250 INPATIENT CROSSOVERS 458.64 45.86 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 MEDICAL .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 ROOM USE 0 .00 .00 .000 .00 .00 .000 0 .00 .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL .00 .00 .000 .00 .00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 691.26 115.21 691.26 @NURSING FACILITY .300 34.56 LEV A-INTERMEDIATE .00 .000 .00 .00 0 LEV B-REHAB MD .00 .00 .000 .00 .00 0 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 .00 .00 .000 .00 .00 0 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 6 LEV B-REGULAR 691.26 115.21 .300 691.26 34.56 @INTERMEDIATE CARE FACIL.-DD 28 4,176.76 \$ 149.17 1.400 \$ 4176.76 \$ 208.84 28 149.17 4176.76 ICF DDH 4,176.76 1.400 208.84 ICF DD 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 ICF DDN/DDCN @HEMODIALYSIS TOTAL 0 .00 \$.00 .000 .00 \$.00 0 .00 .00 HOSPITAL BASED .00 .000 .00 0 HEMODIALYSIS CENTER .00 .00 .000 .00 .00 @REHABILITATION FACILITY 0 .00 .00 .000 .00 .00 HOSPITAL BASED 0 .00 .00 .00 .000 .00 INDEPENDENT FACILITY 0 .00 .00 .000 .00 .00 21.07 @LABORATORY FACILITY 11 231.80 .550 77.27 11.59 PATHOLOGY 11 231.80 21.07 .550 77.27 11.59 0 .00 .00 .000 .00 XO AND OTHERS .00 @ORGANIZED OUTPATIENT CLINIC 238 309 53,376.93 172.74 15.450 224.27 2668.85 Ś 32.62 .050 32.62 CLINIC 1 32.62 1.63 0 0 .00 .00 .000 . 00 SURGICENTER .00 HEROIN DETOX CLINIC 0 .00 .00 .000 .00 .00

RURAL HEALTH CLINIC	237	308	53,344.31	173.20	15.400	225.08	2667.22	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 13,200	
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04	
SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR PUBLIC ASSIS	TANCE - BLIND					
					MONT	THLY AVERAG	E	
20 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES AVE	RAGE COST	UNITS/DAYS	COST PER	COST PER	
	OF	R DAYS OF CARE	PEF	UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	218	1,448 \$	81,434.50 \$	56.24	72.400 \$	373.55	\$ 4071.73	
DITEARILE MED FOITE	Ω	0	0.0	0.0	0.00	0.0	0.0	

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	218	1,448	\$ 81,434.50	\$ 56.24	72.400	\$ 373.55	\$ 4071.73
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	58.14	29.07	.100	29.07	2.91
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	11	202	13,996.07	69.29	10.100	1272.37	699.80
GENETIC DISEASE TESTING	1	1	105.00	105.00	.050	105.00	5.25
IHMC, MODEL-NF, NF, AIDS, MSSP	196	1,153	66,361.02	57.56	57.650	338.58	3318.05
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	90	914.27	10.16	4.500	114.28	45.71
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	0	\$ 917.28	\$.00	.000	\$ 458.64	\$ 45.86

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

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SANTA BARBARA COUN SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					MO1	THLY AVERAG	E
693 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	21,237	244,213 \$	5,795,174.16	\$ 23.73	352.400	272.88	\$ 8362.44
@PHYSICIANS SERVICES	171	437 \$	15,690.62	\$ 35.91	.631	91.76	\$ 22.64
OUTPATIENT VISITS	87	107	5,609.27	52.42	.154	64.47	8.09
OFFICE VISITS	33	38	1,724.03	45.37	.055	52.24	2.49
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	51	63	3,684.72	58.49	.091	72.25	5.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	6	200.52	33.42	.009	33.42	. 29
INPATIENT VISITS	22	43	2,192.81	51.00	.062	99.67	3.16
HOSPITAL VISITS	7	15	798.21	53.21	.022	114.03	1.15
CRITICAL CARE	1	4	486.40	121.60	.006	486.40	.70
SNF/ICF/TRANS IP CARE	14	24	908.20	37.84	.035	64.87	1.31
OPHTHALMOLOGICAL SERVICES	2	2	115.58	57.79	.003	57.79	.17
EXAMINATIONS	2	2	115.58	57.79	.003	57.79	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	6	1,389.83	231.64	.009	463.28	2.01
PRINCIPAL SURGEON	2	2	1,243.85	621.93	.003	621.93	1.79
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	145.98	36.50	.006	145.98	.21
OUTPATIENT SURGERY	5	16	583.49	36.47	.023	116.70	.84
PRINCIPAL SURGEON	3	3	343.07	114.36	.004	114.36	.50
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13	240.42	18.49	.019	120.21	.35
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	75	162.84	2.17	.108	16.28	.23
RADIOLOGY	44	92	3,639.73	39.56	.133	82.72	5.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	46	96	1,997.07	20.80	.139	43.41	2.88

@PHARMACY	1,411	45,379	\$	453,876.40	\$	10.00	65.482	\$ 32	1.67	\$	654.94	
PRESCRIPTION DRUGS	1,251	2,702		423,924.89		156.89	3.899	33	8.87		611.72	
SNF/ICF	77	273		32,450.34		118.87	.394	42	1.43		46.83	
OUTPATIENTS	1,184	2,429		391,474.55		161.17	3.505	33	0.64		564.90	
MEDICAL SUPPLIES	174	42,677		29,951.51		.70	61.583	17	2.14		43.22	
@DENTIST	6,229	27,098	\$	1,058,238.38	\$	39.05	39.102	\$ 16	9.89	\$	1527.04	
VISITS - DIAGNOSTIC	4,094	16,980		201,036.89		11.84	24.502	4	9.11		290.10	
ORAL SURGERY	942	2,442		122,453.22		50.14	3.524	12	9.99		176.70	
DRUGS	63	76		1,728.40		22.74	.110	2	7.43		2.49	
ANESTHESIA	80	83		6,319.00		76.13	.120	7	8.99		9.12	
PERIODONTICS	388	453		64,068.00		141.43	.654	16	5.12		92.45	
ENDODONTICS	385	543		111,403.50		205.16	.784	28	9.36		160.76	
RESTORATIVE DENTISTRY	1,780	4,462		360,074.50		80.70	6.439	20	2.29		519.59	
PROSTHETICS	75	82		2,295.00		27.99	.118	3	0.60		3.31	
DENTURES, STAYPLATES	513	1,661		179,318.33		107.96	2.397	34	9.55		258.76	
SPACE MAINTAINERS	10	10		1,070.00		107.00	.014	10	7.00		1.54	
MAXILLOFACIAL SERVICES	15	18		1,456.54		80.92	.026	9	7.10		2.10	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	70	85		6,940.00		81.65	.123	9	9.14		10.01	
ALL OTHER SERVICES	132	203		75.00		.37	.293		.57		.11	
#CALIF DEPT OF HEALTH SERV MEDI	I-CAL SERVICES AND	EXPENDITUR	ES MONT	H-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 200	3	PI	AGE 13,202	
MOP024 FEE-	-FOR-SERVICE/DENTA	L									01/29/04	
SANTA BARBARA COUN SUMM	MARY OF SERVICES F	OD DIIDI TC	V C C L C L V	אכד _ הדפאסודי	D							

						MO	NTHLY AVERAG	GE -	
693 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	Ι	ELIGIBLE
@OPTOMETRIST	48	114	\$	2,428.28	\$ 21.30	.165	\$ 50.59	\$	3.50
DIAGNOSTIC AND ANC. PROCED	28	27		1,139.96	42.22	.039	40.71		1.64
EYE APPLIANCES	34	86		1,276.91	14.85	.124	37.56		1.84
OTHER OPTOMETRIC SERVICES	1	86 1 3		11.41	11.41	.001	11.41		.02
@CHIROPRACTOR	1	3	\$	50.16	\$ 16.72	.004	\$ 50.16	\$.07
VISITS	1	3	•	50.16	16.72	.004	50.16		.07
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	4	4	\$	56.19	\$ 14.05	.006	\$ 14.05	\$.08
MEDICINE/INJECTIONS	1	1	•	21.40	21.40	.001	21.40		.03
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	3	3		34.79	11.60	.004	11.60		.05
@HOME HEALTH AGENCY	2	4	\$	299.44	\$ 74.86	.006	\$ 149.72	\$.43
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0 0 0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	231	1,123	\$	203,509.23	\$ 181.22		\$ 880.99		293.66
HOSP INPATIENT TOTAL	130	646	•	192,635.23	298.20	.932	1481.81	•	277.97
HSC HOSPITALS	5	31		27,946.00	901.48	.045	5589.20		40.33
NON-HSC HOSPITAL TOTAL	5	33		57,453.26	1741.01	.048	11490.65		82.91
ACCOMMODATIONS	5	33		28,794.85	872.57	.048	5758.97		41.55
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	5	33		28,794.85	872.57	.048	5758.97		41.55
ANCILLARIES	5	0		28,658.41	.00	.000	5731.68		41.35
INPATIENT CROSSOVERS	120	582		107,235.97	184.25	.840	893.63		154.74
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	102	477		10,874.00	22.80	.688	106.61		15.69
MEDICAL	27	36		1,017.52	28.26	.052	37.69		1.47
SURGERY	2	2		93.96	46.98	.003	46.98		.14
PATHOLOGY	33	152		1,538.15	10.12	.219	46.61		2.22
RADIOLOGY	30	47		3,100.29	65.96	.068	103.34		4.47
ROOM USE	57	76		2,695.88	35.47	.110	47.30		3.89

CROSSOVERS/ALL OTH OUTPTNT	56	164		2,428.20		14.81	.237		43.36		3.50
@COUNTY HOSPITAL TOTAL	13	57	\$	1,195.46	\$	20.97	.082	\$	91.96	\$	1.73
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	13	57		1,195.46		20.97	.082		91.96		1.73
MEDICAL	10	14		319.05		22.79	.020		31.91		.46
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	15		211.50		14.10	.022		52.88		.31
RADIOLOGY	2	4		120.42		30.11	.006		60.21		.17
ROOM USE	10	14		480.32		34.31	.020		48.03		.69
CROSSOVERS/ALL OTH OUTPINT	5	10		64.17		6.42	.014		12.83		.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND H	EXPENDITURE	ES MONTH-OF	-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC 2	003	PAG:	E 13,203
MOP024	FEE-FOR-SERVICE/DENTAL									(01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	R PUBLIC A	ASSISTANCE	- DISABLED							

----- MONTHLY AVERAGE -----

693 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE ELIGIBLE PER UNIT/DAY PER ELIG USER 1,066 1.538 \$ 915.45 \$ 291.94 @COMMUNITY HOSPITAL TOTAL 221 202,313.77 \$ 189.79 646 .932 COMM HOSP INPATIENT TOTAL 130 192,635.23 298.20 1481.81 277.97 5 31 27,946.00 901.48 .045 5589.20 HSC HOSPITALS 40.33 NON-HSC HOSPITALS TOTAL 33 57,453.26 1741.01 .048 11490.65 82.91 872.57 33 28,794.85 5758.97 ACCOMMODATIONS .048 41.55 0 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 28,794.85 33 872.57 .048 5758.97 ALL OTHER ACCOM 41.55 ANCILLARIES 0 28,658.41 .00 .000 5731.68 41.35 582 INPATIENT CROSSOVERS 120 107,235.97 184.25 .840 893.63 154.74 420 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 9,678.54 23.04 .606 105.20 COMM HOSP OUTPATIENT TOTAL 13.97 MEDICAL 22 698.47 31.75 .032 38.80 1.01 SURGERY 2 2 93.96 46.98 .003 46.98 .14 29 137 1,326.65 9.68 .198 45.75 PATHOLOGY 1.91 RADIOLOGY 28 43 2,979.87 69.30 .062 106.42 4.30 49 ROOM USE 62 2,215.56 35.73 .089 45.22 3.20 154 51 CROSSOVERS/ALL OTH OUTPTNT 2,364.03 15.35 .222 46.35 3.41 @STATE HOSPITAL 57 40,598.82 712.26 .082 \$ 20299.41 \$ 58.58 .00 MENTALLY ILL 0 .00 .000 .00 .00 2 57 40,598.82 712.26 .082 20299.41 DEVELOP. DISABLED 58.58 254 43,037.52 169.44 .367 \$ 3586.46 62.10 @NURSING FACILITY LEV A-INTERMEDIATE 0 .00 .00 .000 .00 .00 .00 0 .00 .00 LEV B-REHAB MD .000 .00 0 .00 .000 LEV B-SUBACUTE FREESTANDING .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 31 17,982.17 580.07 .045 17982.17 25.95 .000 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .00 .00 LEV B-REGULAR 11 223 25,055.35 112.36 .322 2277.76 36.15 21,813.66 @INTERMEDIATE CARE FACIL.-DD 139 156.93 .201 \$ 2726.71 \$ 31.48 ICF DDH 56 8,353.52 149.17 .081 2088.38 12.05 31 128.86 .045 3994.66 ICF DD 3,994.66 5.76 ICF DDN/DDCN 52 9,465.48 182.03 .075 3155.16 13.66 424.26 424.26 .001 \$ 424.26 @HEMODIALYSIS TOTAL .61 .00 .00 .00 .000 HOSPITAL BASED .00 424.26 424.26 HEMODIALYSIS CENTER 424.26 .001 .61

@REHABILITATION FACILITY	8	61	\$	780.90	\$	12.80	.088	\$ 97.61	\$	1.13	
HOSPITAL BASED	3	10		221.65		22.17	.014	73.88		.32	
INDEPENDENT FACILITY	5	51		559.25		10.97	.074	111.85		.81	
@LABORATORY FACILITY	51	201	\$	2,532.40	\$	12.60	.290	\$ 49.65	\$	3.65	
PATHOLOGY	51	201		2,532.40		12.60	.290	49.65		3.65	
XO AND OTHERS	0	0		.00		.00	.000	.00		.00	
@ORGANIZED OUTPATIENT CLINIC	12,993	18,282	\$	3,151,130.05	\$	172.36	26.381	\$ 242.53	\$	4547.09	
CLINIC	13	24		1,343.35		55.97	.035	103.33		1.94	
SURGICENTER	1	1		66.33		66.33	.001	66.33		.10	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00	
RURAL HEALTH CLINIC	12,983	18,257		3,149,720.37		172.52	26.345	242.60		4545.05	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	RES N	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU D	EC 2003	P	PAGE 13,204	
MOP024	FEE-FOR-SERVICE/	DENTAL								01/29/04	
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR PUBLIC	ASSI	ISTANCE - DISABLED							
							MC	NTHLY AVER	AGE		
693 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER	
		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE	
MALL ULALD DDULLDEDG	2 1/10	151 056	Ġ	200 707 25	Ġ	5 30	217 974	\$ 372.60	Ġ	1155 //2	

693 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	2,149	151,056	\$	800,707.85	\$ 5.30	217.974	•	\$	1155.42
DURABLE MED. EQUIP.	2	13		,	191.32	.019	1243.57		3.59
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	38	399		,	10.17	.576	106.84		
AMBULANCES/AIR TRANS	30	218		3,393.41	15.57	.315	113.11		
OTHER TRANS	7	174		576.72	3.31	.251	82.39		.83
OTHER SERVICES	1	7		89.64	12.81	.010	89.64		.13
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	160	2,431		168,137.27	69.16	3.508	1050.86		242.62
GENETIC DISEASE TESTING	11	11		1,155.00	105.00	.016	105.00		1.67
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	721	14,020		437,992.52	31.24	20.231	607.48		632.02
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	15	42		909.90	21.66	.061	60.66		1.31
PHYSICAL THERAPIST	1	7		5.82	.83	.010	5.82		.01
PORTABLE X-RAY	1	3		81.00	27.00	.004	81.00		.12
PROSTHETIST/ORTHOTISTS	3	6		772.37	128.73	.009	257.46		1.11
PROSTHETICS	1	1		21.30	21.30	.001	21.30		.03
ORTHOTICS	2	5		751.07	150.21	.007	375.54		1.08
PSYCHOLOGIST	47	293		7,172.65	24.48	.423	152.61		10.35
SPEECH AND AUDIOLOGY	3	11		321.16	29.20	.016	107.05		.46
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	1,073	18,917		153,297.90	8.10	27.297	142.87		221.21
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	105	114,903		24,315.36	.21	165.805	231.57		35.09
@CALIF. CHILDREN SERVICES*	28	784	\$	8,731.43		1.131	\$ 311.84	\$	12.60
@XOVER EXCLUDING STATE HOSP**	178	258	\$	112,755.45	\$ 437.04	.372	\$ 633.46	\$	162.71
@* TOTAL CIN THECE IINEC ADE CI			T TTTM		γ 1 37.04	.314	ų 033.40	Ą	102./1

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,205 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

							MOI	NTHLY AVER	AGE	
1,630 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	<u>.</u>	COST PER
		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	17,054	63,063	\$	2,966,317.19	\$	47.04	38.689	\$ 173.94	: \$	1819.83
@PHYSICIANS SERVICES	220	414	\$	17,170.90	\$	41.48	.254	\$ 78.05	\$	10.53
OUTPATIENT VISITS	177	235		9,100.97		38.73	.144	51.42		5.58
OFFICE VISITS	111	144		5,171.44		35.91	.088	46.59	1	3.17

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	າ	2	143.42	47.81	.002	47.81	0.0
	3	3					.09
EMERGENCY ROOM	68	76	3,381.00	44.49	.047	49.72	2.07
PREVENTIVE CARE	4	4	230.27	57.57	.002	57.57	.14
OB VISITS/COMPRE PERI	2	4	33.10	8.28	.002	16.55	.02
OTHER OUTPATIENT	4	4	141.74	35.44	.002	35.44	.09
INPATIENT VISITS	7	16	1,162.51	72.66	.010	166.07	.71
HOSPITAL VISITS	7	14	755.87	53.99	.009	107.98	.46
CRITICAL CARE	1	2	406.64	203.32	.001	406.64	.25
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	146.09	48.70	.002	48.70	.09
EXAMINATIONS	3	3	146.09	48.70	.002	48.70	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	7	2,982.42	426.06	.004	596.48	1.83
PRINCIPAL SURGEON	4	4	2,721.84	680.46	.002	680.46	1.67
ASSISTANT SURGEON	1	1	186.50	186.50	.001	186.50	.11
ANESTHESIOLOGIST	1	2	74.08	37.04	.001	74.08	.05

OUTPATIENT SURGERY	12	19	1,420.63		74.77	.012	118.39		.87
PRINCIPAL SURGEON	11	12	1,266.02	1	L05.50	.007	115.09		.78
ASSISTANT SURGEON	0	0	.00		.00	.000	.00		.00
ANESTHESIOLOGIST	2	7	154.61		22.09	.004	77.31		.09
DIALYSIS	0	0	.00		.00	.000	.00		.00
PATHOLOGY	22	48	338.12		7.04	.029	15.37		.21
RADIOLOGY	35	48	897.71		18.70	.029	25.65		.55
PSYCHIATRY	1	7	269.24		38.46	.004	269.24		.17
IMMUNIZATION AND INJECTION	4	5	35.73		7.15	.003	8.93		.02
OTHER SERVICES/ALL X-OVERS	19	26	817.48		31.44	.016	43.03		.50
@PHARMACY	573	1,648 \$	117,687.62	\$	71.41	1.011 \$	205.39	\$	72.20
PRESCRIPTION DRUGS	569	1,637	117,425.69		71.73	1.004	206.37		72.04
SNF/ICF	12	54	5,250.02		97.22	.033	437.50		3.22
OUTPATIENTS	564	1,583	112,175.67		70.86	.971	198.89		68.82
MEDICAL SUPPLIES	7	11	261.93		23.81	.007	37.42		.16
@DENTIST	7,770	39,903 \$			29.44	24.480 \$		\$	720.72
VISITS - DIAGNOSTIC	5,476	26,454	361,565.08		13.67	16.229	66.03		221.82
ORAL SURGERY	1,069	1,911	102,775.00		53.78	1.172	96.14		63.05
DRUGS	883	1,149	27,431.00		23.87	.705	31.07		16.83
ANESTHESIA	136	141	12,070.00		85.60	.087	88.75		7.40
PERIODONTICS	120	131	15,546.75		L18.68	.080	129.56		9.54
ENDODONTICS	783	1,328	153,695.90		L15.73	.815	196.29		94.29
RESTORATIVE DENTISTRY	2,805	7,780	434,009.50		55.79	4.773	154.73		266.26
PROSTHETICS	19	19	500.00		26.32	.012	26.32		.31
DENTURES, STAYPLATES	51	224	16,056.00		71.68	.137	314.82		9.85
SPACE MAINTAINERS	87	102	12,040.00		L18.04	.063	138.39		7.39
MAXILLOFACIAL SERVICES	23	22	1,162.08		52.82	.013	50.53		.71
FRACTURES, DISLOCATIONS	1	1	.00		.00	.001	.00		.00
ORTHODONTIC SERVICES	375	427	37,546.64		87.93		100.12		23.03
ALL OTHER SERVICES	119	214	375.00		1.75	.131	3.15		.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-PAYMENT	REPORT I	FOR JAN	2003 THRU DE	C 2003	P	AGE 13,206
MOD024	FEE-FOR-SERVICE / DENTA	Γ.							01/29/04

#CALLF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRO DEC 2003 PAGE 13,206
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

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1 620 51 76757 56							D. A.C		-	HLY AVERA	_	
1,630 ELIGIBLES		IITS OF SERV		EXF	ENDITURES			UNITS/DAY		COST PER		COST PER
		R DAYS OF C				PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	72	153	3 \$		4,030.47	\$	26.34	.094	\$	55.98	\$	2.47
DIAGNOSTIC AND ANC. PROCED	56	57	7		2,490.34		43.69	.035		44.47		1.53
EYE APPLIANCES	48	96	5		1,540.13		16.04	.059		32.09		.94
OTHER OPTOMETRIC SERVICES	0	()		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	() \$.00	\$.00	.000	\$.00	\$.00
VISITS	0	()		.00		.00	.000		.00		.00
OTHER SERVICES	0	()		.00		.00	.000		.00		.00
@PODIATRIST	1	1	1 \$		55.64	\$	55.64	.001	\$	55.64	\$.03
MEDICINE/INJECTIONS	1	1	1		55.64		55.64	.001		55.64		.03
SURGERY/ANES.	0	()		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	()		.00		.00	.000		.00		.00
OTHER	0	()		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	2 \$		104.99	\$	52.50	.001	\$	104.99	\$.06
NURSE ANESTHESIST	0	() \$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	() ;		.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	٥ ک	() ;		.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	2	2 \$		31.20	\$	15.60	.001	\$	31.20	\$.02
@TOTAL HOSPITAL	159	501	1 \$		29,735.78	\$	59.35	.307	\$	187.02	\$	18.24
HOSP INPATIENT TOTAL	5	20) .		17,270.68	·	863.53	.012	•	3454.14	·	10.60
HSC HOSPITALS	1	1	1		970.00		970.00	.001		970.00		.60
NON-HSC HOSPITAL TOTAL	4	19	9		16,300.68		857.93	.012		4075.17		10.00
ACCOMMODATIONS	4	19			5,522.49		290.66	.012		1380.62		3.39
ADMINISTRATIVE DAYS	0)		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	()		.00		.00	.000		.00		.00

ALL OTHER ACCOM	4	19			5,522.49		290.66	.012		1380.62		3.39
ANCILLARIES	4	0			10,778.19		.00	.000		2694.55		6.61
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	154	481			12,465.10		25.91	.295		80.94		7.65
MEDICAL	44	58			2,119.18		36.54	.036		48.16		1.30
SURGERY	13	13			167.76		12.90	.008		12.90		.10
PATHOLOGY	44	166			2,013.11		12.13	.102		45.75		1.24
RADIOLOGY	46	62			2,427.79		39.16	.038		52.78		1.49
ROOM USE	106	125			4,682.51		37.46	.077		44.17		2.87
CROSSOVERS/ALL OTH OUTPTNT	44	57			1,054.75		18.50	.035		23.97		.65
@COUNTY HOSPITAL TOTAL	28	76	\$		2,564.00	\$	33.74	.047	\$	91.57	\$	1.57
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	28	76			2,564.00		33.74	.047		91.57		1.57
MEDICAL	20	26			1,010.42		38.86	.016		50.52		.62
SURGERY	3	3			22.44		7.48	.002		7.48		.01
PATHOLOGY	4	5			28.18		5.64	.003		7.05		.02
RADIOLOGY	8	10			360.18		36.02	.006		45.02		.22
ROOM USE	23	28			987.83		35.28	.017		42.95		.61
CROSSOVERS/ALL OTH OUTPTNT		4			154.95		38.74	.002		51.65		.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES	MONTH-OF	-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003		GE 13,207
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	PUBLIC	C ASS	SISTANCE	- FAMILIES							
								M	ONTH	ILY AVERA	GE	

						IVI	OIN I	TLI AVEKA	GE	
1,630 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE	COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE		PER UNI	T/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	135	425	\$ 27,171.78	\$ 63	.93	.261	\$	201.27	\$	16.67
COMM HOSP INPATIENT TOTAL	5	20	17,270.68	863	.53	.012		3454.14		10.60
HSC HOSPITALS	1	1	970.00	970	.00	.001		970.00		.60
NON-HSC HOSPITALS TOTAL	4	19	16,300.68	857	.93	.012		4075.17		10.00
ACCOMMODATIONS	4	19	5,522.49	290	.66	.012		1380.62		3.39
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	19	5,522.49	290	.66	.012		1380.62		3.39
ANCILLARIES	4	0	10,778.19		.00	.000		2694.55		6.61
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	130	405	9,901.10	24	.45	.248		76.16		6.07
MEDICAL	24	32	1,108.76	34	.65	.020		46.20		.68
SURGERY	10	10	145.32	14	.53	.006		14.53		.09
PATHOLOGY	41	161	1,984.93	12	.33	.099		48.41		1.22
RADIOLOGY	39	52	2,067.61	39	.76	.032		53.02		1.27
ROOM USE	86	97	3,694.68	38	.09	.060		42.96		2.27
CROSSOVERS/ALL OTH OUTPINT	41	53	899.80	16	.98	.033		21.95		.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	25	\$	586.01	\$	23.44	.015	\$	293.01	\$.36
HOSPITAL BASED	2	25		586.01		23.44	.015		293.01		.36
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	139	655	\$	8,289.87	\$	12.66	.402	\$	59.64	\$	5.09
PATHOLOGY	139	655		8,289.87		12.66	.402		59.64		5.09
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6,864	9,482	\$	1,493,714.66	\$	157.53	5.817	\$	217.62	\$	916.39
CLINIC	35	155		3,677.76		23.73	.095		105.08		2.26
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6,829	9,327		1,490,036.90		159.76	5.722		218.19		914.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	JRES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 13,208
MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FO	R PUBLIC	C ASS	SISTANCE - FAMILIES							

BINVIII BINCBINGI COON	BOTHLING OF BEIN	VICED TOK TODEL	2 1100	TOTANCE TAMEETED		7.4		aп	
1 C20 BLIGIDIES	HGEDG	INITES OF SERVICE	711	EXPENDIBLE	ATTED A CEL COCE		ONTHLY AVERA	_	COCH DED
1,630 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
ONLI OMURD DROUTDERG	2 540	OR DAYS OF CAR		100 137 10	PER UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	2,548	10,277	\$	120,137.10	\$ 11.69	6.305		Ş	73.70
DURABLE MED. EQUIP.	2	3		138.25	46.08	.002	69.13		.08
BLOOD BANK	U	U		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	23	259		2,845.00	10.98	.159	123.70		1.75
AMBULANCES/AIR TRANS	23	259		2,845.00	10.98	.159	123.70		1.75
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	152	152		15,741.00	103.56	.093	103.56		9.66
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	21	57		1,057.91	18.56	.035	50.38		.65
PHYSICAL THERAPIST	1	12		192.13	16.01	.007	192.13		.12
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	7	71		4,121.79	58.05	.044	588.83		2.53
SPEECH AND AUDIOLOGY	7	66		2,003.35	30.35	.040	286.19		1.23
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	2,335	9,557		93,964.74	9.83	5.863	40.24		57.65
EPSDT SUPPLEMENTAL SERVICE	. 0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	1	100		72.93	.73	.061	72.93		.04
@CALIF. CHILDREN SERVICES*	11	45	\$	1,456.24	\$ 32.36		\$ 132.39	Ś	.89
@XOVER EXCLUDING STATE HOSP**	0	0	Š	.00	\$.00	.000	\$.00	Ś	.00
O* MOMAIG TAI MURGE I TARE ARE	CTITUM AC A CEDA	DAME TAIRODMAMION	T CD D M		,			~	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

01/29/04

SANTA BASEARA COUN SERVICES AND EXPENDITURES MONTH-OP-PAYMENT REPORT FOR JAN JOIN THAT DEC 2003 FACE 1737-708

SANTA BASEARA COUNT SERVICES OF PORTICE SERVICES TOTAL

2,421 ELIGIBLES

USERIS UNITS OF SERVICES OF 1040,0382.44 6 24.48 172,223 227,82 8 426.20

GOTTOL JAL PROVIDERS

43,984 427,289 5 10.460,382.44 6 24.48 172,223 227,82 8 426.20

OFFICE UNITS

3 3 1 7188.37 7 77.82 10.73 7.75 9 2.90

EMBRICHMENT SERVICES OF 1040 173.42 173.23 174.81 1.00 174.81 1.00

EMBRICHMENT SERVICES OF 1040 173.81 1.00 174.81 1.00 174.81 1.00

OFFICE UNITS

3 3 3 1 7188.37 47.82 1.07 5.75 9 2.90

EMBRICHMENT VERY SERVICES OF 1040 173.81 1.00 174.81 1.00 174.81 1.00

OFFICE UNITS

3 3 3 1 7188.37 47.82 1.00 174.81 1.00 174.81 1.00

EMBRICHMENT VERY SERVICES OF 1040 174.81 1.00 174.81 1.00

OFFICE UNITS

3 3 3 3 1.0 3.22 0.00 174.81 1.00

OFFICE UNITS

3 3 3 3 1.0 3.22 0.00 174.81 1.00

OFFICE UNITS

3 3 3 3 1.0 3.22 0.00 174.81 1.00

OFFICE UNITS

3 4 2 4 2 33.10 3.22 0.00 174.81 1.00

OFFICE UNITS

10 10 10 3.42.20 34.22 0.00 34.22 0.00 34.22 0.00

OFFICE UNITS

10 10 10 3.42.20 34.22 0.00 34.22 0.00 34.22 0.00 34.22 0.00 34.22 0.00

OFFICE UNITS

2 4 4 2 33.10 3.22 0.00 34.2 ----- MONTHLY AVERAGE -----

2,481 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	RAGE COST UNIT/DAY	UNITS/DAY: PER ELIG	S	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	133	301	\$ 7,291.77	\$ 24.23	.121	\$	54.83	\$ 2.94
DIAGNOSTIC AND ANC. PROCED	95	92	4,009.90	43.59	.037		42.21	1.62
EYE APPLIANCES	93	208	3,270.46	15.72	.084		35.17	1.32
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.000		11.41	.00
@CHIROPRACTOR	1	3	\$ 50.16	\$ 16.72	.001	\$	50.16	\$.02
VISITS	1	3	50.16	16.72	.001		50.16	.02
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	6	6	\$ 138.53	\$ 23.09	.002	\$	23.09	\$.06
MEDICINE/INJECTIONS	2	2	77.04	38.52	.001		38.52	.03
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	4	4	61.49	15.37	.002		15.37	.02
@HOME HEALTH AGENCY	4	14	\$ 946.54	\$ 67.61	.006	\$	236.64	\$.38
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	2	Ė		\$	15.60	.001		31.20	Ś	.01
@TOTAL HOSPITAL	407	1,605	Ė		\$.647		568.24		93.22
HOSP INPATIENT TOTAL	142	623	т	207,434.13	Υ	332.96	.251	Ψ.	1460.80	Ψ.	83.61
HSC HOSPITALS	6	32		28,916.00		903.63	.013		4819.33		11.65
NON-HSC HOSPITAL TOTAL	10	55		76,624.94		1393.18	.022		7662.49		30.88
						676.15			3718.83		
ACCOMMODATIONS	10	55		37,188.34			.022				14.99
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	55		37,188.34		676.15	.022		3718.83		14.99
ANCILLARIES	10	0		39,436.60		.00	.000		3943.66		15.90
INPATIENT CROSSOVERS	126	536		101,893.19		190.10	.216		808.68		41.07
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	266	982		23,838.64		24.28	.396		89.62		9.61
MEDICAL	71	94		3,136.70		33.37	.038		44.18		1.26
SURGERY	15	15		261.72		17.45	.006		17.45		.11
PATHOLOGY	77	318		3,551.26		11.17	.128		46.12		1.43
RADIOLOGY	76	109		5,528.08		50.72	.044		72.74		2.23
ROOM USE	163	201		7,378.39		36.72	.081		45.27		2.97
CROSSOVERS/ALL OTH OUTPTNT	110	245		3,982.49		16.26	.099		36.20		1.61
	42		4		4			4		4	
@COUNTY HOSPITAL TOTAL		134	\$	3,764.53	\$	28.09	.054	Ş	89.63	Ş	1.52
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	42	134		3,764.53		28.09	.054		89.63		1.52
MEDICAL	30	40		1,329.47		33.24	.016		44.32		.54
SURGERY	3	3		22.44		7.48	.001		7.48		.01
PATHOLOGY	8	20		239.68		11.98	.008		29.96		.10
	10	14				34.33			48.06		.10
RADIOLOGY	33			480.60			.006				
ROOM USE		42		1,468.15		34.96	.017		44.49		.59
CROSSOVERS/ALL OTH OUTPINT	9	15	_~	224.19		14.95	.006		24.91	_	.09
			ES MO	ONTH-OF-PAYMENT RE	EPOR'	r for Jan :	2003 THRU	DEC	2003	Ρ.	AGE 13,211
MOP024	FEE-FOR-SERVICE										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR PUBLIC	ASSIS	STANCE - TOTAL							
									HLY AVERA		
2,481 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER	:	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	372	1,471	\$	227,508.24	\$	154.66	.593	\$	611.58	\$	91.70
COMM HOSP INPATIENT TOTAL	142	623		207,434.13		332.96	.251		1460.80		83.61
HSC HOSPITALS	6	32		28,916.00		903.63	.013		4819.33		11.65
NON-HSC HOSPITALS TOTAL	10	55		76,624.94		1393.18	.022		7662.49		30.88
ACCOMMODATIONS	10	55		37,188.34		676.15	.022		3718.83		14.99
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		.00		.00
	10	55		37,188.34		676.15			3718.83		14.99
ALL OTHER ACCOM		0					.022				
ANCILLARIES	10			39,436.60		.00	.000		3943.66		15.90
INPATIENT CROSSOVERS	126	536		101,893.19		190.10	.216		808.68		41.07
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	231	848		20,074.11		23.67	.342		86.90		8.09
MEDICAL	42	54		1,807.23		33.47	.022		43.03		.73
SURGERY	12	12		239.28		19.94	.005		19.94		.10
PATHOLOGY	70	298		3,311.58		11.11	.120		47.31		1.33

RADIOLOGY	67	95		5,047.48		53.13	.038	75.34		2.03
ROOM USE	135	159		5,910.24		37.17	.064	43.78		2.38
CROSSOVERS/ALL OTH OUTPTNT	101	230		3,758.30		16.34	.093	37.21		1.51
@STATE HOSPITAL	2	57	\$	40,598.82	\$	712.26	.023 \$	20299.41	\$	16.36
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	2	57		40,598.82		712.26	.023	20299.41		16.36
@NURSING FACILITY	14	260	\$	42,648.78	\$	164.03	.105 \$	3046.34	\$	17.19
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	1	31		17,982.17		580.07	.012	17982.17		7.25
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	13	229		24,666.61		107.71	.092	1897.43		9.94
@INTERMEDIATE CARE FACILDD	9	167	\$	25,990.42	\$	155.63	.067 \$	2887.82	\$	10.48
ICF DDH	5	84	·	12,530.28	·	149.17	.034	2506.06	Ċ	5.05
ICF DD	1	31		3,994.66		128.86	.012	3994.66		1.61
ICF DDN/DDCN	3	52		9,465.48		182.03	.021	3155.16		3.82
@HEMODIALYSIS TOTAL	1	1	\$	424.26	Ġ	424.26	.000 \$		Ś	.17
HOSPITAL BASED	0	0	-	.00	т.	.00	.000	.00	т	.00
HEMODIALYSIS CENTER	1	1		424.26		424.26	.000	424.26		.17
@REHABILITATION FACILITY	10	86	\$	1,366.91	Ġ		.035 \$		Ś	.55
HOSPITAL BASED	5	35	-	807.66	т.	23.08	.014	161.53	т	.33
INDEPENDENT FACILITY	5	51		559.25		10.97	.021	111.85		. 23
@LABORATORY FACILITY	194	869	\$	11,092.74	\$	12.76	.350 \$	57.18	Ś	4.47
PATHOLOGY	194	869	-	11,092.74	т.	12.76	.350	57.18	т	4.47
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	22.392	31,097	\$	5,250,874.75	Ś	168.85	12.534 \$		\$	2116.43
CLINIC	49	180	Ψ.	5,053.73	τ	28.08	.073	103.14	Ψ.	2.04
SURGICENTER	1	1		66.33		66.33	.000	66.33		.03
HEROIN DETOX CLINIC	49 1 0 22,346	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	22 346	30,916		5,245,754.69		169.68	12.461	234.75		2114.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		RES	MONTH-OF-PAYMENT RI	EPORT				P	AGE 13,212
MOP024	FEE-FOR-SERVICE						.000 111110 52	2005	-	01/29/04
SANTA BARBARA COUN		ICES FOR PUBLIC	ASS	ISTANCE - TOTAL						,,
							MON'	THLY AVERA	GE	
2,481 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS			COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	6,621	232,806	\$	1,735,344.13	\$	7.45	93.836 \$	262.10	\$	699.45
DURABLE MED. EQUIP.	4	16	·	2,625.38	·	164.09	.006	656.35	Ċ	1.06
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	2	2		58.14		29.07 10.49 13.08	.001	29.07		.02
MEDICAL TRANSPORTATION	61	658		6,904.77		10.49	.265	113.19		2.78
AMBULANCES/AIR TRANS	53	477		6,238.41		13.08	.192	117.71		2.51
OTHER TRANS	7	174		576.72		3.31	.070	82.39		.23
OTHER SERVICES	i	7		89.64		12.81	.003	89.64		.04
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	356	6.065		418,821.26		69.06	2.445	1176.46		168.81
GENETIC DISEASE TESTING	356 164	232,806 16 0 2 658 477 174 7 0 6,065		17,001.00		103.66	.066	103.66		6.85
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	2,392	23,720		992,549.13		41.84	9.561	414.95		400.06
OCCUPATIONAL THERAPIST	-,	0		.00		.00	.000	.00		.00
OPTICIAN	41	114		2,295.26		20.13	.046	55.98		.93
PHYSICAL THERAPIST	2	19		197.95		10.42	.008	98.98		.08
PORTABLE X-RAY	1	3		81.00		27.00	.001	81.00		.03
	2	ć		772 27		120 72	002	257.46		21

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PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

3

1

2

54

10

0

0

LOCAL EDUCATION AGENCIES	3,417	28,566	248,196.05	8.69	11.514	72.64	100.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	159	173,032	32,222.87	.19	69.743	202.66	12.99
@CALIF. CHILDREN SERVICES*	39	829	\$ 10,187.67	\$ 12.29	.334	\$ 261.22	\$ 4.11
@XOVER EXCLUDING STATE HOSP**	207	318	\$ 108,299.76	\$ 340.57	.128	\$ 523.19	\$ 43.65

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,213 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

SANTA BARBARA COUN	SUMMARY OF SERV	VICES FOR MN - NO	SOC .	- AGED AID	CODE 14 IH IU				
						MON	ITHLY AVERA	ΔGE	
885 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	:		PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,025	33,737	\$	1,079,216.96	\$ 31.99	38.121 \$			1219.45
@PHYSICIANS SERVICES	141	615	\$	25,594.82	\$ 41.62	.695 \$	181.52		28.92
			Ş					Þ	
OUTPATIENT VISITS	55	66		5,672.47	85.95	.075	103.14		6.41
OFFICE VISITS	2	3		85.50	28.50	.003	42.75		.10
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	52	62		5,520.81	89.05	.070	106.17		6.24
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	1	1		66.16	66.16	.001	66.16		.07
INPATIENT VISITS	26	138		6,431.36	46.60	.156	247.36		7.27
HOSPITAL VISITS	26	133		5,886.06	44.26	.150	226.39		6.65
CRITICAL CARE	4	5		545.30	109.06	.006	136.33		.62
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS									
INPATIENT HOSPITAL SURGERY	14	82		3,269.44	39.87	.093	233.53		3.69
PRINCIPAL SURGEON	6	10		1,615.58	161.56	.011	269.26		1.83
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	8	72		1,653.86	22.97	.081	206.73		1.87
OUTPATIENT SURGERY	4	4		373.99	93.50	.005	93.50		.42
PRINCIPAL SURGEON	1	4		373.99	93.50	.005	93.50		.42
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
	0	0							
ANESTHESIOLOGIST		U		.00	.00	.000	.00		.00
DIALYSIS	2	3		675.12	225.04	.003	337.56		.76
PATHOLOGY	15	28		1,309.28	46.76	.032	87.29		1.48
RADIOLOGY	52	174		4,472.57	25.70	.197	86.01		5.05
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	56	120		3,390.59	28.25	.136	60.55		3.83
	159		\$		\$ 2.93	10.594 \$		4	31.04
@PHARMACY		9,376	Ş					Þ	
PRESCRIPTION DRUGS	145	423		25,414.44	60.08	.478	175.27		28.72
SNF/ICF	4	14		377.21	26.94	.016	94.30		.43
OUTPATIENTS	142	409		25,037.23	61.22	.462	176.32		28.29
MEDICAL SUPPLIES	16	8,953		2,057.99	.23	10.116	128.62		2.33
@DENTIST	586	2,524	\$		\$ 46.70	2.852 \$		Ś	133.20
VISITS - DIAGNOSTIC	345	1,400	τ	17,639.00	12.60	1.582	51.13	Υ.	19.93
	106	375		16,010.00	42.69	.424	151.04		18.09
ORAL SURGERY									
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	6	7		300.00	42.86	.008	50.00		.34
PERIODONTICS	39	41		5,979.00	145.83	.046	153.31		6.76
ENDODONTICS	20	27		6,550.00	242.59	.031	327.50		7.40
RESTORATIVE DENTISTRY	132	362		26,923.00	74.37	.409	203.96		30.42
PROSTHETICS	4	4		140.00	35.00	.005	35.00		.16
TRODITIETTOD	-	7		140.00	33.00	.003	33.00		. 10

DENTURES, STAYPLATES	118	281	44,338.00	157.79	.318	375.75	50.10
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2	.00	.00	.002	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	15	25	.00	.00	.028	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DE	C 2003	PAGE 13,214
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR MN - NO SO	C - AGED AID CODE	14 1H 1U	1X		
					MON	THLY AVERAG	E
885 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES AVE	RAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE	PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE

SANIA BARBARA COUN	SUMMARY OF SERV	ICES FOR MIN - NO	SUC	AGED AID	CODI	7 14 IH IU		\\TIT	, , , , , , , , , , , , , , , , , , ,	an.	
005 51 10151 50	Hanna						MC				
885 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		1.50 0.5		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	4	13	\$	172.27	\$	13.25	.015	Ş	43.07	Ş	.19
DIAGNOSTIC AND ANC. PROCED	1	1		35.59		35.59	.001		35.59		.04
EYE APPLIANCES	2	6		122.94		20.49	.007		61.47		.14
OTHER OPTOMETRIC SERVICES	1	6		13.74		2.29	.007		13.74		.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	1	\$	74.86	\$	74.86	.001	\$	74.86	\$.08
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	94	626	\$	541,117.94	\$.707		5756.57	\$	611.43
HOSP INPATIENT TOTAL	44	242	•	533,014.39	•	2202.54	.273		12113.96		602.28
HSC HOSPITALS	1	1		1,195.00		1195.00	.001		1195.00		1.35
NON-HSC HOSPITAL TOTAL	35	239		527,883.87		2208.72	.270		15082.40		596.48
ACCOMMODATIONS	35	239		149,345.62		624.88	.270		4267.02		168.75
ADMINISTRATIVE DAYS	2	8		1,098.68		137.34	.009		549.34		1.24
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	33	231		148,246.94		641.76	.261		4492.33		167.51
ANCILLARIES	35	0		378,538.25		.00	.000		10815.38		427.73
INPATIENT CROSSOVERS	8	2		3,935.52		1967.76	.002		491.94		4.45
ALL OTHER INPATIENT	0	0		.00		.00	.002		.00		.00
HOSP OUTPATIENT TOTAL	53	384		8,103.55		21.10	.434		152.90		9.16
MEDICAL	14	18		801.34		44.52	.020		57.24		.91
SURGERY	1	1		10.75		10.75	.001		10.75		.01
PATHOLOGY	33	185		1,731.51		9.36	.209		52.47		1.96
RADIOLOGY	31	49		3,497.79		71.38	.055		112.83		3.95
ROOM USE	25	28		993.41		35.48	.032		39.74		1.12
CROSSOVERS/ALL OTH OUTPTNT	32	103		1,068.75		10.38	.116		33.40		1.21
@COUNTY HOSPITAL TOTAL	2	2	\$	1,266.37	\$.002	ė,		ب	1.43
CO HOSPITAL INPATIENT TOTAL	1	1	Þ	1,195.00		1195.00	.002	Ą	1195.00	Ą	1.45
HSC HOSPITALS	1	1		1,195.00		1195.00	.001		1195.00		1.35
	0	0									.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	U		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		71.37		71.37	.001		71.37		.08
MEDICAL	0	0		.00		.00	.000		.00		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	71.37	71.37	.001	71.37	.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MC	NTH-OF-PAYMENT REI	PORT FOR JAN 2	003 THRU DE	C 2003	PAGE 13,215
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICE	ES FOR MN - NO SOC	- AGED AID (CODE 14 1H 1U	1X		
					MON	THLY AVERAG	SE
885 ELIGIBLES	USERS UI	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	92	624 \$	539,851.57	\$ 865.15	.705 \$	5867.95	\$ 610.00
COMM HOSP INPATIENT TOTAL	43	241	531,819.39	2206.72	.272	12367.89	600.93
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	35	239	527,883.87	2208.72	.270	15082.40	596.48
ACCOMMODATIONS	35	239	149,345.62	624.88	.270	4267.02	168.75

ADMINISTRATIVE DAYS	2	8		1,098.68		137.34	.009		549.34		1.24
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	33	231		148,246.94		641.76	.261		4492.33		167.51
ANCILLARIES	35	0		378,538.25		.00	.000		10815.38		427.73
INPATIENT CROSSOVERS	8	2		3,935.52	1	1967.76	.002		491.94		4.45
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	52	383		8,032.18		20.97	.433		154.47		9.08
MEDICAL	14	18		801.34		44.52	.020		57.24		.91
SURGERY	1	1		10.75		10.75	.001		10.75		.01
PATHOLOGY	33	185		1,731.51		9.36	.209		52.47		1.96
RADIOLOGY	31	49		3,497.79		71.38	.055		112.83		3.95
ROOM USE	25	28		993.41		35.48	.032		39.74		1.12
CROSSOVERS/ALL OTH OUTPTNT		102		997.38		9.78	.115		32.17		1.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	4	17	\$	2,930.87	\$	172.40	.019	\$	732.72	\$	3.31
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	4	17		2,930.87	_	172.40	.019		732.72		3.31
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ş	.00	.000	Ş	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	4	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	460	\$	13,988.66	\$	30.41	.520	\$	2331.44	Ş	15.81
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	460	4	13,988.66		30.41	.520		2331.44		15.81
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	10	106	4	.00	d	.00	.000	ė.	.00	ė.	.00
@LABORATORY FACILITY	10	186 186	\$	1,246.12 1,246.12	\$	6.70 6.70	.210 .210	Ş	124.61 124.61	Þ	$1.41 \\ 1.41$
PATHOLOGY	0	0		1,240.12		.00	.000		.00		.00
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	1,074	1,496	\$	254,536.19	ė.	170.14	1.690	\$	237.00	ė,	287.61
CLINIC	1,0/4	1,496	Ą	823.83	Ą	91.54	.010	Ą	411.92	\$.93
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,072	1,487		253,712.36		170.62	1.680		236.67		286.68
#CALIF DEPT OF HEALTH SERV	T,U/Z		DEC M	ONTH-OF-PAYMENT RI	דם∩םיד			חבכ		D	AGE 13,216
MOP024	FEE-FOR-SERVICE		KED IN	ONTH OF PAIMENT RE	EF OR I	FOR UAN	2005 IIIKO	טפכ	2003		01/29/04
SANTA BARBARA COUN			0 500	- AGED AID	CODE	14 1H 1F	ı 1x				01/25/04
Britairi Britarian Cool	DOIMING OF BEIC	TODO TOR PHY IV	0 500	710110	СОРЫ	11 111 10		ГИОІ	HLY AVERA	GE	
885 ELIGIBLES	USERS	UNITS OF SERVICE	F.	EXPENDITURES	AVET	RAGE COST	UNITS/DAY				COST PER
000 111011111	00210	OR DAYS OF CAR					PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	159	18,423	\$	94,203.80	\$	5.11	20.817		592.48		106.44
DURABLE MED. EQUIP.	0	0	4	.00	т.	.00	.000	4	.00	т.	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	29	212		2,914.01		13.75	.240		100.48		3.29
AMBULANCES/AIR TRANS	29	212		2,914.01		13.75	.240		100.48		3.29
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	70	1,124		77,420.61		68.88	1.270		1106.01		87.48
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	43	151		11,566.85		76.60	.171		269.00		13.07
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

OPTICIAN	2	6	135.79	22.63	.007	67.90	.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	16,930	2,166.54	.13	19.130	135.41	2.45
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	26	102	\$ 5,707.90	\$ 55.96	.115	\$ 219.53	\$ 6.45

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,217 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

SANIA BARBARA COUN	SUMMARY OF SERV	TICES FOR MIN - NO	SUC -	BLIND	A.	ID CODE	24			
							MC	NTHLY AVER	AGE	
04 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERA	GE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UI	NIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	18	61	\$	3,652.35	\$!	59.87	15.250	\$ 202.91	\$	913.09
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00		.00	.000	.00		.00
OFFICE VISITS	0	0		.00		.00	.000	.00		.00
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00		.00
INPATIENT VISITS	0	0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00		.00
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00		.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	0	0		.00		.00	.000	.00		.00

MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00	
@DENTIST	3	21	\$	250.00	\$	11.90	5.250	\$	83.33	\$	62.50	
VISITS - DIAGNOSTIC	3	21		250.00		11.90	5.250		83.33		62.50	
ORAL SURGERY	0	0		.00		.00	.000		.00		.00	
DRUGS	0	0		.00		.00	.000		.00		.00	
ANESTHESIA	0	0		.00		.00	.000		.00		.00	
PERIODONTICS	0	0		.00		.00	.000		.00		.00	
ENDODONTICS	0	0		.00		.00	.000		.00		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITU	RES MO	NTH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU	DEC	2003	PAGE	13,218	
MOP024	FEE-FOR-SERVICE/DENTAL									0	1/29/04	
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	MN - N	IO SOC	- BLIND		AID CODE	24					

SANTA BARBARA COUN	SUMMARY OF SER	VICES FOR MIN - NO	SOC -	BLIND		AID CODE	24				
							M	ONT	HLY AVERA	GE.	
04 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

	2		2.2	0.0	0.00	0.0	0.0
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MON					PAGE 13,219
MOP024	FEE-FOR-SERVICE/I				2000 111110 22	0 2005	01/29/04
SANTA BARBARA COUN		CES FOR MN - NO SOC -	- RI.TND	AID CODE	24		01/25/01
DINVIII DINCDINCI COON	BOH MICE OF BEICVE	and for the no boc	BEIND	TIED CODE	MON'	THIV AVERAG	TR
04 ELIGIBLES	USERS (NITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
OT HITCHHIB	OBLIND	OR DAYS OF CARE	LAI ENDITORED	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Ů.	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	U	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
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ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED INDEPENDENT FACILITY

@LABORATORY FACILITY

HOSPITAL BASED

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PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	28 \$	3,257.70	\$ 116.35	7.000 \$	250.59	\$ 814.43
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	13	28	3,257.70	116.35	7.000	250.59	814.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 13,220
MOP024	FEE-FOR-SERVICE/DENT	ral .					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR MN - NO SOC -	BLIND	AID CODE	24		
					MON	THLY AVERA	GE
04 ELIGIBLES	USERS UNIT	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	12 \$	144.65	\$ 12.05	3.000 \$	48.22	\$ 36.16
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	11	127.14	11.56	2.750	63.57	31.79
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	17.51	17.51	.250	17.51	4.38
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1 \$	17.51	\$ 17.51	.250	\$ 17.51	\$ 4.38
04 MOMATO TAL MILEON TEATED AND OTHERS	3 C 3 CDD3D3ED	TATEODAYA ET CAT. TEETA CATTAIL					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,221
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	MONTHLY AVERAGE							
863 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,720	12,624	\$	1,123,600.83	\$ 89.01	14.628	\$ 413.09	\$ 1301.97
@PHYSICIANS SERVICES	139	683	\$	22,176.02	\$ 32.47	.791	\$ 159.54	\$ 25.70
OUTPATIENT VISITS	21	37		1,921.03	51.92	.043	91.48	2.23
OFFICE VISITS	10	20		775.30	38.77	.023	77.53	.90
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	12	16		1,099.97	68.75	.019	91.66	1.27
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		45.76	45.76	.001	45.76	.05
INPATIENT VISITS	7	16		710.05	44.38	.019	101.44	.82
HOSPITAL VISITS	4	13		616.35	47.41	.015	154.09	.71
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	3	3		93.70	31.23	.003	31.23	.11
OPHTHALMOLOGICAL SERVICES	1	1		46.44	46.44	.001	46.44	.05
EXAMINATIONS	1	1		46.44	46.44	.001	46.44	.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	25		2,127.85	85.11	.029	425.57	2.47
PRINCIPAL SURGEON	2	2		1,577.81	788.91	.002	788.91	1.83
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	23		550.04	23.91	.027	183.35	.64
OUTPATIENT SURGERY	5	11		614.29	55.84	.013	122.86	.71
PRINCIPAL SURGEON	4	5		454.30	90.86	.006	113.58	.53
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6		159.99	26.67	.007	159.99	.19

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	8	11		2,475.44		225.04	.013		309.43		2.87
PATHOLOGY	5	14		508.67		36.33	.016		101.73		.59
RADIOLOGY	26	102		5,032.39		49.34	.118		193.55		5.83
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	20		190.00		9.50	.023		190.00		.22
OTHER SERVICES/ALL X-OVERS	91	446		8,549.86		19.17	.517		93.95		9.91
@PHARMACY	494	2,911	\$	208,377.79	\$	71.58	3.373	\$	421.82	\$	241.46
PRESCRIPTION DRUGS	483	1,916		207,461.18		108.28	2.220		429.53		240.40
SNF/ICF	31	246		27,897.86		113.41	.285		899.93		32.33
OUTPATIENTS	461	1,670		179,563.32		107.52	1.935		389.51		208.07
MEDICAL SUPPLIES	18	995		916.61		.92	1.153		50.92		1.06
@DENTIST	778	3,392	\$	129,765.75	\$	38.26	3.930	\$	166.79	\$	150.37
VISITS - DIAGNOSTIC	525	2,216		26,466.25		11.94	2.568		50.41		30.67
ORAL SURGERY	123	251		11,417.25		45.49	.291		92.82		13.23
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	5	5		145.00		29.00	.006		29.00		.17
PERIODONTICS	52	63		7,947.00		126.14	.073		152.83		9.21
ENDODONTICS	37	48		10,815.00		225.31	.056		292.30		12.53
RESTORATIVE DENTISTRY	218	567		51,877.25		91.49	.657		237.97		60.11
PROSTHETICS	17	18		450.00		25.00	.021		26.47		.52
DENTURES, STAYPLATES	58	186		17,523.00		94.21	.216		302.12		20.30
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		.00		.00	.001		.00		.00
FRACTURES, DISLOCATIONS	1	4		3,125.00		781.25	.005		3125.00		3.62
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	10	33		.00		.00	.038		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 13,222
MOP024	FEE-FOR-SERVICE/DENTA										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES F	OR MN - N	10 SOC	! - DISABLED 64 6	6G 6H	6U 6V 6					
							M	ONTI	HLY AVERA	GE -	

						M	Γ NO	CHLY AVERA	GE	
863 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	12	28	\$ 691.83	\$	24.71	.032	\$	57.65	\$.80
DIAGNOSTIC AND ANC. PROCED	8	6	232.89		38.82	.007		29.11		.27
EYE APPLIANCES	10	22	458.94		20.86	.025		45.89		.53
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	17	27	\$ 308.21	\$	11.42	.031	\$	18.13	\$.36
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	17	27	308.21		11.42	.031		18.13		.36
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	102	536	\$ 287,168.77	\$	535.76	.621	\$	2815.38	\$	332.76
HOSP INPATIENT TOTAL	55	209	278,222.76		1331.21	.242		5058.60		322.39
HSC HOSPITALS	2	39	52,800.00		1353.85	.045		26400.00		61.18
NON-HSC HOSPITAL TOTAL	20	91	204,355.64		2245.67	.105		10217.78		236.80
ACCOMMODATIONS	20	91	44,873.87		493.12	.105		2243.69		52.00
ADMINISTRATIVE DAYS	2	4	925.20		231.30	.005		462.60		1.07
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	18	87	43,948.67		505.16	.101		2441.59		50.93
ANCILLARIES	20	0	159,481.77		.00	.000		7974.09		184.80
INPATIENT CROSSOVERS	33	79	21,067.12		266.67	.092		638.40		24.41
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

MEDICAL 12 13 470.16 36.17 .015 39.18 .54 SURGERY 2 2 113.53 56.77 .002 56.77 .13	
10 100 100 100 100 100 100 100 100 100	
PATHOLOGY 18 132 1,257.59 9.53 .153 69.87 1.40	
RADIOLOGY 19 30 2,858.66 95.29 .035 150.46 3.33	
ROOM USE 16 22 797.08 36.23 .025 49.82 .92	
CROSSOVERS/ALL OTH OUTPINT 31 128 3,448.99 26.95 .148 111.26 4.00	1
@COUNTY HOSPITAL TOTAL 1 2 \$ 57.99 \$ 29.00 .002 \$ 57.99 \$.0"	,
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00	1
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00 .00	1
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00	1
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00 .00	1
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 .00	1
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00	1
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00	1
ANCILLARIES 0 0 .00 .00 .00 .00 .00 .00	1
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00	1
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00 .00	1
CO HOSP OUTPATIENT TOTAL 1 2 57.99 29.00 .002 57.99 .0°	'
MEDICAL 1 1 27.99 27.99 .001 27.99 .01	
SURGERY 0 0 .00 .00 .00 .00 .00 .00	1
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00	1
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00	1
ROOM USE 1 1 30.00 30.00 .001 30.00 .01	
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00 .00 .00	1
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,2	23
MOP024 FEE-FOR-SERVICE/DENTAL 01/29,	04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	
MONTHLY AVERAGE	

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863 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY			4.	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	101	534	\$	287,110.78	\$ 537.66	.619		Ş	332.69
COMM HOSP INPATIENT TOTAL	55	209		278,222.76	1331.21	.242	5058.60		322.39
HSC HOSPITALS	2	39		52,800.00	1353.85	.045	26400.00		61.18
NON-HSC HOSPITALS TOTAL	20	91		204,355.64	2245.67	.105	10217.78		236.80
ACCOMMODATIONS	20	91		44,873.87	493.12	.105	2243.69		52.00
ADMINISTRATIVE DAYS	2	4		925.20	231.30	.005	462.60		1.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	18	87		43,948.67	505.16	.101	2441.59		50.93
ANCILLARIES	20	0		159,481.77	.00	.000	7974.09		184.80
INPATIENT CROSSOVERS	33	79		21,067.12	266.67	.092	638.40		24.41
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	49	325		8,888.02	27.35	.377	181.39		10.30
MEDICAL	11	12		442.17	36.85	.014	40.20		.51
SURGERY	2	2		113.53	56.77	.002	56.77		.13
PATHOLOGY	18	132		1,257.59	9.53	.153	69.87		1.46
RADIOLOGY	19	30		2,858.66	95.29	.035	150.46		3.31
ROOM USE	15	21		767.08	36.53	.024	51.14		.89
CROSSOVERS/ALL OTH OUTPINT	31	128		3,448.99	26.95	.148	111.26		4.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	.00	.000	.00	·	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	3	170	\$	20,083.06	\$ 118.14	.197	\$ 6694.35	\$	23.27
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	-	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	3	170		20,083.06	118.14	.197	6694.35		23.27
@INTERMEDIATE CARE FACILDD	Ō	0	\$.00	\$.00	.000		\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	20	799	\$	35,385.12	\$	44.29	.926	\$	1769.26	\$	41.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	20	799		35,385.12		44.29	.926		1769.26		41.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	16	59	\$	464.66	\$	7.88	.068	\$	29.04	\$.54
PATHOLOGY	15	58		406.85		7.01	.067		27.12		.47
XO AND OTHERS	1	1		57.81		57.81	.001		57.81		.07
@ORGANIZED OUTPATIENT CLINIC	1,480	2,391	\$	398,531.69	\$	166.68	2.771	\$	269.28	\$	461.80
CLINIC	9	15		1,231.95		82.13	.017		136.88		1.43
SURGICENTER	1	1		.00		.00	.001		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,470	2,375		397,299.74		167.28	2.752		270.27		460.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	JRES 1	MONTH-OF-PAYMENT R	EPOR?	FOR JAN	2003 THRU	DEC	2003	P.	AGE 13,224
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04

SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G SANTA BARBARA COUN ----- MONTHLY AVERAGE -----

					MOI	NIHLY AVERAC	jE
863 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	111	1,628 \$	20,647.93	\$ 12.68	1.886	\$ 186.02	\$ 23.93
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	108.07	54.04	.002	108.07	.13
MEDICAL TRANSPORTATION	9	70	781.11	11.16	.081	86.79	.91
AMBULANCES/AIR TRANS	6	22	604.26	27.47	.025	100.71	.70
OTHER TRANS	3	48	176.85	3.68	.056	58.95	.20
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	11	765.38	69.58	.013	765.38	.89
GENETIC DISEASE TESTING	2	2	210.00	105.00	.002	105.00	.24
IHMC, MODEL-NF, NF, AIDS, MSSP	26	121	10,976.76	90.72	.140	422.18	12.72
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	187.74	23.47	.009	62.58	.22
PHYSICAL THERAPIST	6	70	639.65	9.14	.081	106.61	.74
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	8	315.44	39.43	.009	105.15	.37
PROSTHETICS	3	8	315.44	39.43	.009	105.15	.37
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	35.07	17.54	.002	35.07	.04
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	46	515	5,677.01	11.02	.597	123.41	6.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	819	951.70	1.16	.949	67.98	1.10
@CALIF. CHILDREN SERVICES*	1	1 \$	611.68	\$ 611.68	.001	\$ 611.68	\$.71
@XOVER EXCLUDING STATE HOSP**	139	715 \$	36,962.94	\$ 51.70	.829	\$ 265.92	\$ 42.83
* TOTAL IN THECH LINES ADD CITY	מעמט ע טע זעם	MATER TANDODMATE ON THEM	ONTE V.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,225 MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL

SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

82,994 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	44,339	190,907	\$ 14,225,113.22	\$ 74.51	2.300	\$ 320.83	\$ 171.40
@PHYSICIANS SERVICES	5,094	17,344	\$ 1,170,316.80	\$ 67.48	.209	\$ 229.74	\$ 14.10
OUTPATIENT VISITS	2,614	6,909	215,861.48	31.24	.083	82.58	2.60
OFFICE VISITS	456	537	28,146.59	52.41	.006	61.72	.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1,186	1,327	75,731.39	57.07	.016	63.85	.91
PREVENTIVE CARE	4	4	233.22	58.31	.000	58.31	.00
OB VISITS/COMPRE PERI	1,033	4,985	109,528.54	21.97	.060	106.03	1.32
OTHER OUTPATIENT	50	56	2,221.74	39.67	.001	44.43	.03
INPATIENT VISITS	623	1,797	119,259.99	66.37	.022	191.43	1.44
HOSPITAL VISITS	586	1,295	59,415.97	45.88	.016	101.39	.72
CRITICAL CARE	46	502	59,844.02	119.21	.006	1300.96	.72
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	.00

EXAMINATIONS	1	1		46.44		46.44	.000		46.44		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1,082	2,688		621,615.34		231.26	.032		574.51		7.49
PRINCIPAL SURGEON	726	777				688.78	.009		737.16		6.45
ASSISTANT SURGEON	1,082 726 118	118		535,179.89 21,498.73		182.19			182.19		. 26
ANESTHESIOLOGIST	420	1,793		64,936.72		36.22	.022		154.61		.78
OUTPATIENT SURGERY	437	928		52,733.71		56.83			120.67		
ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON	379	654		44 212 13		67.60	.008		116.65		.53
ASSISTANT SURGEON	0	0 274		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	74	274		8,521.58		31.10	.003		115.16		.10
DIALYSIS	9	24		3,105.21		129.38	.000		345.02		.04
ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY	1,247	24 2,188		3,105.21 31,413.29 95,650.16 .00		129.38 14.36 43.01	.026		25.19		.38
RADIOLOGY	1.495	2.224		95,650.16		43.01	.027		63.98		1.15
PSYCHIATRY	0	, 0		.00		.00			.00		.00
IMMUNIZATION AND INJECTION	145	152		8,693.50		57.19	.002		59.96		.10
OTHER SERVICES/ALL X-OVERS	319	433		21,937.68		50.66	.005		68.77		.26
@PHARMACY	319 3,869	21,963	\$	264,867.64	\$	12.06	.265	\$		\$	3.19
PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC	3,704	6,563	•	217,945.17				-	58.84		2.63
SNF/ICF	5	15		217,945.17 1,402.34		33.21 93.49	.000		280.47		.02
OUTPATIENTS	3,701	6,548		ZIU, 34Z.03		33.07	.079		58.51		2.61
MEDICAL SUPPLIES	318	15,400		46,922.47		3.05	.186		147.55		.57
@DENTIST	16,841	86,955		2,572,000.44	\$	29.58	1.048	\$	152.72	\$	30.99
VISITS - DIAGNOSTIC	11,605	56,749		755,645.64		13.32	.684		65.11		9.10
ORAL SURGERY	2,174	4,092		215,042.25		52.55	.049		98.92		2.59
DRUGS	2,042	2,695		63,496.20		23.56	.032		31.10		.77
ANESTHESIA	255	262		63,496.20 21,436.20		81.82	.003		84.06		.26
ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	373	2,695 262 384		56.901.00		148.18	.005		152.55		.69
ENDODONTICS	1,630	2,670		297,139.05		111.29			182.29		
RESTORATIVE DENTISTRY	6,343	17,754		998,563.04		56.24			157.43		12.03
PROSTHETICS	38 131 181 54 1 840	40		1,010.00		25.25	.000		26.58		.01
DENTURES, STAYPLATES	131	545		47,997.93		88.07	.007		366.40		.58
SPACE MAINTAINERS	181	201 64 1		25,623.20		127.48	.002		141.56		.31
MAXILLOFACIAL SERVICES	54	64		4,364.14		127.48 68.19	.001		80.82		.05
FRACTURES, DISLOCATIONS	1	1		95.00		95.00	.000		95.00		.00
ORTHODONTIC SERVICES	840	991		83,936.79		84.70	.012		99.92		1.01
ALL OTHER SERVICES	328	507		750.00		1.48	.006		2.29		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	Ρ	AGE 13,226
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICE	S FOR MN-NOSC	C-FA	M 34 39 3N 3T 3V 5	54 59	5J 5W-5	Y 6J 7J 7K				
							M	ONT	HLY AVERA	GE	

82,994 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 46 115 2,256.50 19.62 .001 \$ 49.05 \$.03 DIAGNOSTIC AND ANC. PROCED 33 26 1,065.09 40.97 .000 32.28 .01 87 35 31.39 EYE APPLIANCES 1,098.51 12.63 .001 .01 OTHER OPTOMETRIC SERVICES 92.90 46.45 .000 46.45 .00 .00 \$.00 .000 \$.00 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 \$.00 \$.00 @PODIATRIST .00 MEDICINE/INJECTIONS 0 .00 .000 .00 .00 .000 SURGERY/ANES. .00 .00 .00 .00 RADIO./PATHOLOGY 0 0 .00 .00 .000 .00 .00 OTHER 0 0 .00 .00 .000 .00 .00 48,536.11 @HOME HEALTH AGENCY 901 53.87 .011 \$ 71.17 .58 .00 .00 .000 \$.00 .00 NURSE ANESTHESIST \$ NURSE MIDWIFE 1 33.64 8.41 .000 \$ 33.64 .00 \$ 0 .00 .00 .000 \$.00 .00 PEDIATRIC NURSE PRACTITIONER 0 \$.000 FAMILY NURSE PRACTITIONER 0 0 .00 .00 \$.00 \$.00 5,392,753.02 @TOTAL HOSPITAL 2,609 11,523 \$ 468.00 .139 \$ 2066.98 \$ 64.98

HOSP INPATIENT TOTAL	1,016	4,198	5,230,212.27	1245.88	.051	5147.85	63.02
HSC HOSPITALS	32	120	163,840.12	1365.33	.001	5120.00	1.97
NON-HSC HOSPITAL TOTAL	982	4,065	5,064,692.15	1245.93	.049	5157.53	61.02
ACCOMMODATIONS	982	4,065	1,679,927.70	413.27	.049	1710.72	20.24
ADMINISTRATIVE DAYS	5	43	9,020.71	209.78	.001	1804.14	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	978	4,022	1,670,906.99	415.44	.048	1708.49	20.13
ANCILLARIES	982	0	3,384,764.45	.00	.000	3446.81	40.78
INPATIENT CROSSOVERS	2	13	1,680.00	129.23	.000	840.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,723	7,325	162,540.75	22.19	.088	94.34	1.96
MEDICAL	161	186	6,340.10	34.09	.002	39.38	.08
SURGERY	105	108	3,885.02	35.97	.002	37.00	.05
PATHOLOGY	886	3,624	33,118.89	9.14	.044	37.38	.40
	563	3,624 727	49,429.43	67.99	.009	37.36 87.80	. 40
RADIOLOGY			•				
ROOM USE	1,078	1,287	47,905.93	37.22	.016	44.44	.58
CROSSOVERS/ALL OTH OUTPTNT	771	1,393	21,861.38	15.69	.017	28.35	. 26
@COUNTY HOSPITAL TOTAL	16	39 \$	18,008.80	\$ 461.76		\$ 1125.55	
CO HOSPITAL INPATIENT TOTAL	6	15	16,750.01	1116.67	.000	2791.67	. 20
HSC HOSPITALS	6	15	16,750.01	1116.67	.000	2791.67	. 20
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	24	1,258.79	52.45	.000	114.44	.02
MEDICAL	2	5	181.19	36.24	.000	90.60	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	57.35	9.56	.000	19.12	.00
RADIOLOGY	4	5	132.93	26.59	.000	33.23	.00
ROOM USE	2	2	85.66	42.83	.000	42.83	.00
CROSSOVERS/ALL OTH OUTPTNT	4	6	801.66	133.61	.000	200.42	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES		REPORT FOR JAN	2003 THRU DI		PAGE 13,227
MOP024	FEE-FOR-SERVICE						01/29/04
SANTA BARBARA COUN		ICES FOR MN-NOSOC-1	TAM 34 39 3N 3T 3V	54 59 5J 5W-5Y	6л 7л 7к		01/25/01
	DELICE OF BEILT					THIY AVERA	GE
82,994 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
02,001 1110101110	00210	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
		51. DIIID OI CINC		I LIC OLVII / DILI		0011	

							101	
82,994 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,593	11,484	\$ 5,374,744.22	\$ 468.02	.138	\$ 2072.79	\$	64.76
COMM HOSP INPATIENT TOTAL	1,010	4,183	5,213,462.26	1246.35	.050	5161.84		62.82
HSC HOSPITALS	26	105	147,090.11	1400.86	.001	5657.31		1.77
NON-HSC HOSPITALS TOTAL	982	4,065	5,064,692.15	1245.93	.049	5157.53		61.02
ACCOMMODATIONS	982	4,065	1,679,927.70	413.27	.049	1710.72		20.24
ADMINISTRATIVE DAYS	5	43	9,020.71	209.78	.001	1804.14		.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	978	4,022	1,670,906.99	415.44	.048	1708.49		20.13
ANCILLARIES	982	0	3,384,764.45	.00	.000	3446.81		40.78
INPATIENT CROSSOVERS	2	13	1,680.00	129.23	.000	840.00		.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,712	7,301	161,281.96	22.09	.088	94.21		1.94
MEDICAL	159	181	6,158.91	34.03	.002	38.74		.07
SURGERY	105	108	3,885.02	35.97	.001	37.00		.05
PATHOLOGY	883	3,618	33,061.54	9.14	.044	37.44		.40
RADIOLOGY	559	722	49,296.50	68.28	.009	88.19		.59
ROOM USE	1,076	1,285	47,820.27	37.21	.015	44.44		.58
CROSSOVERS/ALL OTH OUTPINT	767	1,387	21,059.72	15.18	.017	27.46		.25
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	13	504	\$	33,249.76	\$	65.97	.006	\$	2557.67	\$.40
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	13	504		33,249.76		65.97	.006		2557.67		.40
@REHABILITATION FACILITY	22	429	\$	7,013.41	\$	16.35	.005	\$	318.79	\$.08
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	22	429		7,013.41		16.35	.005		318.79		.08
@LABORATORY FACILITY	2,610	8,424	\$	145,013.43	\$	17.21	.102	\$	55.56	\$	1.75
PATHOLOGY	2,606	8,418		144,730.23		17.19	.101		55.54		1.74
XO AND OTHERS	6	6		283.20		47.20	.000		47.20		.00
@ORGANIZED OUTPATIENT CLINIC	17,088	26,844	\$	4,336,579.62	\$	161.55	.323	\$	253.78	\$	52.25
CLINIC	271	1,029		40,121.03		38.99	.012		148.05		.48
SURGICENTER	29	86		3,649.65		42.44	.001		125.85		.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	16,797	25,729		4,292,808.94		166.85	.310		255.57		51.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PΙ	AGE 13,228
MOP024	FEE-FOR-SERVICE/DEN										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES	S FOR MN-NOS	OC-FA	M 34 39 3N 3T 3V	54 59	5J 5W-5Y					
	MONTHLY AVERAGE										

					MON	IHLY AVERA	GE
82,994 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4,325	15,901 \$	252,492.85	\$ 15.88	.192 \$	58.38	\$ 3.04
DURABLE MED. EQUIP.	19	135	1,069.73	7.92	.002	56.30	.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	179	1,664	29,262.87	17.59	.020	163.48	.35
AMBULANCES/AIR TRANS	179	1,661	23,862.87	14.37	.020	133.31	.29
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	3	5,400.00	1800.00	.000	1800.00	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	810	813	84,491.50	103.93	.010	104.31	1.02
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	38	113	2,213.78	19.59	.001	58.26	.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	38	64	4,978.27	77.79	.001	131.01	.06
PROSTHETICS	16	31	1,060.10	34.20	.000	66.26	.01
ORTHOTICS	25	33	3,918.17	118.73	.000	156.73	.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	8	282.66	35.33	.000	47.11	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,244	13,103	130,179.85	9.94	.158	40.13	1.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS 14.19 .000 14.19 .00 1 1 14.19 @CALIF. CHILDREN SERVICES* 103 3,050 793,199.27 \$.037 \$ 7700.96 \$ 260.07 9.56 @XOVER EXCLUDING STATE HOSP** 3 \$ 1,748.72 \$.000 \$ 437.18 \$ 4 582.91 .02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI MOP024 FEE-

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 13,229

01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

SANIA BARBARA COUN	SUMMARI OF SERV	ICES FOR MIN - NO SOC	- IOIAL				25
04 546						NTHLY AVERA	
84,746 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
	49,102	237,329 \$	16,431,583.36	\$ 69.24	2.800		\$ 193.89
@PHYSICIANS SERVICES	5,374	18,642 \$		\$ 65.34	.220		
OUTPATIENT VISITS	2,690	7,012	223,454.98	31.87	.083	83.07	2.64
OFFICE VISITS	468	560	29,007.39	51.80	.007	61.98	.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1,250	1,405	82,352.17	58.61	.017	65.88	.97
PREVENTIVE CARE	4	4	233.22	58.31	.000	58.31	.00
OB VISITS/COMPRE PERI	1,033	4,985	109,528.54	21.97	.059	106.03	1.29
OTHER OUTPATIENT	52	58	2,333.66	40.24	.001	44.88	.03
INPATIENT VISITS	656	1,951	126,401.40	64.79	.023	192.69	1.49
HOSPITAL VISITS	616	1,441	65,918.38	45.74	.017	107.01	.78
CRITICAL CARE	50	507	60,389.32	119.11	.006	1207.79	.71
SNF/ICF/TRANS IP CARE	3	3	93.70	31.23	.000	31.23	.00
OPHTHALMOLOGICAL SERVICES	2	2	92.88	46.44	.000	46.44	.00
EXAMINATIONS	2	2	92.88	46.44	.000	46.44	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	•	2,795	627,012.63	224.33	.033	569.49	7.40
PRINCIPAL SURGEON	734	789	538,373.28	682.35	.009	733.48	6.35
ASSISTANT SURGEON	118	118	21,498.73	182.19	.001	182.19	.25
ANESTHESIOLOGIST	431	1,888	67,140.62	35.56	.022	155.78	.79
OUTPATIENT SURGERY	446	943	53,721.99	56.97	.011	120.45	.63
PRINCIPAL SURGEON	387	663	45,040.42	67.93	.008	116.38	.53
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	75	280	8,681.57	31.01	.003	115.75	.10
DIALYSIS	19	38	6,255.77	164.63	.000	329.25	.07
PATHOLOGY	1 267	2,230	33,231.24	14.90	.026	26.23	.39
	1,267 1,573		105,155.12	42.06		66.85	1.24
RADIOLOGY	1,5/3	2,500			.029 .000	.00	
PSYCHIATRY		0	.00	.00			.00
IMMUNIZATION AND INJECTION		172	8,883.50	51.65	.002	60.85	.10
OTHER SERVICES/ALL X-OVERS	466	999	33,878.13	33.91	.012	72.70	.40
@PHARMACY	4,522	34,250 \$	500,717.86	\$ 14.62	.404		
PRESCRIPTION DRUGS	4,332	8,902	450,820.79	50.64	.105	104.07	5.32
SNF/ICF	40	275	29,677.41	107.92	.003	741.94	.35
OUTPATIENTS	4,304	8,627	421,143.38	48.82	.102	97.85	4.97
MEDICAL SUPPLIES	352	25,348	49,897.07	1.97	.299	141.75	.59
@DENTIST	18,208	92,892 \$		\$ 30.36	1.096		
VISITS - DIAGNOSTIC	12,478	60,386	800,000.89	13.25	.713	64.11	9.44
ORAL SURGERY	2,403	4,718	242,469.50	51.39	.056	100.90	2.86
DRUGS	2,042	2,695	63,496.20	23.56	.032	31.10	.75
ANESTHESIA	266	274	21,881.20	79.86	.003	82.26	.26
PERIODONTICS	464	488	70,827.00	145.14	.006	152.64	.84
ENDODONTICS	1,687 6.693	2,745	314,504.05	114.57	.032	186.43	3.71
RESTORATIVE DENTISTRY	0,000	18,683	1,077,363.29	57.67	.220	160.97	12.71
PROSTHETICS	59	62	1,600.00	25.81	.001	27.12	.02
DENTURES, STAYPLATES	307	1,012	109,858.93	108.56	.012	357.85	1.30
SPACE MAINTAINERS	181	201	25,623.20	127.48	.002	141.56	.30
MAXILLOFACIAL SERVICES	56	67	4,364.14	65.14	.001	77.93	.05
FRACTURES, DISLOCATIONS	2	5	3,220.00	644.00	.000	1610.00	.04

ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN	840 353 MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERV	DENTAL	83,936.79 750.00 ONTH-OF-PAYMENT RE - TOTAL	84.70 1.33 PORT FOR JAN 2	.012 .007 2003 THRU DE	99.92 2.12 C 2003	.99 .01 PAGE 13,230 01/29/04
					MON	THLY AVERAG	E
84,746 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	62	156 \$	3,120.60	\$ 20.00	.002 \$	50.33	\$.04
DIAGNOSTIC AND ANC. PROCED	42	33	1,333.57	40.41	.000	31.75	.02
EYE APPLIANCES	47	115	1,680.39	14.61	.001	35.75	.02
OTHER OPTOMETRIC SERVICES	3	8	106.64	13.33	.000	35.55	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	17	27 \$	308.21	\$ 11.42	.000 \$	18.13	\$.00

MEDICINS/INVECTIONS								
SURGERY/AMES. 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00	MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
Communication Communicatio	SURCERY / ANES	Ο	Λ	0.0	0.0	000	0.0	0.0
OTHER OTHER OFFICE OTHER OTHER OFFICE OTHER OTHE		-						
## HOME HEALTH AGENCY		_						
NURSE MIGHIEF 1								
NURSE MIDNIFF 1	@HOME HEALTH AGENCY	683	902 \$	48,610.97	\$ 53.89	.011 \$	71.17	\$.57
NURSE MIDNIFF 1	NURSE ANESTHESIST	0	0 \$. 0.0	\$.00	.000 \$. 0.0	\$.00
PEDITATRIC NURSE PRACTITIONER			· · · · · · · · · · · · · · · · · · ·					
EARLITY NURSE PRACTITIONER 0					\$ 0.41			
## HOSP ITALAL 2,805		•	· ·					
HOSE INDETITING TOTAL 1,115	FAMILY NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$.00	\$.00
HOSE INDETITING TOTAL 1,115	@TOTAL HOSPITAL	2,805	12,685 \$	6,221,039.73	\$ 490.42	.150 \$	2217.84	\$ 73.41
HISCHOSPITALS	HOSP INPATIENT TOTAL							71 29
NON-HISC HOSPITTAL TOTAL			•					
TRANSITIONAL IP CARE O		35						
TRANSITIONAL IP CARE O		1,037						
TRANSITIONAL IP CARE O	ACCOMMODATIONS	1,037	4,395	1,874,147.19	426.43	.052	1807.28	
TRANSITIONAL IP CARE O	ADMINISTRATIVE DAYS	9	55	11,044.59	200.81	.001	1227.18	.13
ALL OTHER ACCOM 1,029 ANCILLARIES 1,037 ANCILLARIES 1,036 B,036 B,037 B,037 B,037 B,037 B,037 B,047 B,037 B,047 B	TRANSITIONAL TO CARE	0	0	, 00	0.0	000	0.0	
ANCILLARIES 1,037 0 3,922,784.47 0.0 0.00 3782.82 46.29 INPATIENT CROSSOVERS 43 94 26.682.64 283.86 0.00 60.00 0.00 0.00 0.00 0.00 0.00		-	_					
INPATIENT CROSSOVERS		•	•					
ALL OTHER INPATIENT		•						
MEDICAL 1,826	INPATIENT CROSSOVERS	43	94	26,682.64	283.86	.001	620.53	.31
MEDICAL 187	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
MEDICAL 187	HOSP OUTPATIENT TOTAL	1.826	8.036	179.590.31	22.35	. 095	98.35	2.12
SURCERY 108 1111 4,009.30 36.12 .001 37.12 .05 PATHOLOGY 937 3,941 36.107.99 9.16 .047 38.54 .43 RADIOLOGY 613 806 55.785.88 69.21 .010 91.00 .66 ROOM USE 1,119 1,337 49,696.42 37.17 .016 44.41 .59 CROSSOVERS/ALL OTH OUTPTNT 834 1,624 26,379.12 16.24 .019 31.63 .31 COUNTY HOSPITAL TOTAL 7 166 17,945.01 1121.55 .000 2563.57 .21 NON-HSC HOSPITALS 7 166 17,945.01 1121.55 .000 2563.57 .21 NON-HSC HOSPITALS TOTAL 0 0 0 0 .000 .000 .000 .000 .000 .000								
PATHOLOGY								
RADIOLOGY ROOM USE 1,19 1,337 49,696,42 37,17 016 44.41 59 CROSSOVERS/ALL OTH OUTPINT 834 1,624 26,379,12 16,24 019 31.63 31 ©COUNTY HOSPITAL TOTAL 19 43 \$19,333.16 \$449,61 001 \$1017,53 \$2.23 ROOMED THAN INPATIENT TOTAL 7 16 17,945,01 1121,56 000 2563,57 221 HSC HOSPITALS NON-HSC HOSPITALS 7 16 17,945,01 1121,56 000 2563,57 221 HSC HOSPITALS NON-HSC HOSPITALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
ROOM USE			•					
CROSSOVERS/ALL OTH OUTPINT 834	RADIOLOGY	613	806	55,785.88	69.21	.010	91.00	.66
## COUNTY HOSPITAL TOTAL 19	ROOM USE	1,119	1,337	49,696.42	37.17	.016	44.41	.59
## COUNTY HOSPITAL TOTAL 19	CROSSOVERS/ALL OTH OUTPINT	834	1.624	26.379.12	16.24	.019	31.63	. 31
CO HOSPITAL INPATIENT TOTAL 7 16 17,945.01 1121.56 .000 2563.57 .21 HSC HOSPITALS 7 16 17,945.01 1121.56 .000 2563.57 .21 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .000 .000 .000 .000 ACCOMMODATIONS 0 0 0 .00 .00 .000 .000 .000 .000 ACCOMMODATIONS 0 0 0 .00 .00 .000 .000 .000 .000 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .000 .000 .000 .000 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .000 .000 .000 .000								
HSC HOSPITALS TOTAL 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0			•					
NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		/						
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		/						
ADMINISTRATIVE DAYS O O O O O O O O O O O O O O O O O O		_						
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	. 0.0	. 00	. 000	. 0.0	. 0.0
ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		_	0					
INPATIENT CROSSOVERS								
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		-						
CO HOSP OUTPATIENT TOTAL 13		•			.00			
CO HOSP OUTPATIENT TOTAL 13	ALL OTHER INPATIENT		0	.00	.00	.000	.00	.00
MEDICAL SURGERY 3 6 209.18 34.86 .000 69.73 .00 SURGERY 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 3 6 57.35 9.56 .000 19.12 .00 RADIOLOGY 4 5 132.93 26.59 .000 33.23 .00 ROOM USE 3 3 115.66 38.55 .000 38.55 .00 CROSSOVERS/ALL OTH OUTPTINT 5 7 873.03 124.72 .000 174.61 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,231 .01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL MONTHLY AVERAGE	CO HOSP OUTPATIENT TOTAL	13	27	1,388.15	51.41	.000	106.78	.02
SURGERY 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00	MEDICAL	3	6	209.18	34.86	.000	69.73	.00
PATHOLOGY 3 6 57.35 9.56 .000 19.12 .00 RADIOLOGY 4 5 132.93 26.59 .000 33.23 .00 ROOM USE 3 3 115.66 38.55 .000 38.55 .00 CROSSOVERS/ALL OTH OUTPTNT 5 7 873.03 124.72 .000 174.61 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,231 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL 84,746 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 2,786 12,642 \$ 6,201,706.57 \$ 490.56 .149 \$ 2226.03 \$ 73.18 COMM HOSP INPATIENT TOTAL 1,108 4,633 6,023,504.41 1300.13 .055 5436.38 71.08 HSC HOSPITALS TOTAL 1,037 4,395 5,796,931.66 1318.98 .052 5590.10 68.40		0	0	0.0	0.0	000	0.0	0.0
RADIOLOGY 4 5 132.93 26.59 .000 33.23 .00 ROOM USE 3 3 3 115.66 38.55 .000 38.55 .00 CROSSOVERS/ALL OTH OUTPTNT 5 7 873.03 124.72 .000 174.61 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,231 MOPO24 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL 84,746 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE OR DAYS OF CARE COMMUNITY HOSPITAL TOTAL 2,786 12,642 \$ 6,201,706.57 \$ 490.56 .149 \$ 2226.03 \$ 73.18 COMM HOSP INPATIENT TOTAL 1,108 4,633 6,023,504.41 1300.13 .055 5436.38 71.08 HSC HOSPITALS 28 144 199,890.11 1388.13 .002 7138.93 2.36 NON-HSC HOSPITALS TOTAL 1,037 4,395 5,796,931.66 1318.98 .052 5590.10 68.40		3						
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 SANTA BARBARA COUN 84,746 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS 1,108 4,633 1115.66 38.55 .000 38.55 .000 174.61 .01 .01 .01 .01 .01 .01 .01 .01 .01 .0		3	5					
CROSSOVERS/ALL OTH OUTPTNT		4	5					
#CALIF DEPT OF HEALTH SERV MOP024 SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,231 MOP024 SUMMARY OF SERVICE FOR MN - NO SOC - TOTAL SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL 84,746 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE COMMUNITY HOSPITAL TOTAL 2,786 12,642 \$ 6,201,706.57 \$ 490.56 .149 \$ 2226.03 \$ 73.18 COMM HOSP INPATIENT TOTAL 1,108 4,633 6,023,504.41 1300.13 .055 5436.38 71.08 HSC HOSPITALS 28 144 199,890.11 1388.13 .002 7138.93 2.36 NON-HSC HOSPITALS TOTAL 1,037 4,395 5,796,931.66 1318.98 .052 5590.10 68.40								
MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL 84,746 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE @COMMUNITY HOSPITAL TOTAL 2,786 12,642 \$ 6,201,706.57 \$ 490.56 .149 \$ 2226.03 \$ 73.18 COMM HOSP INPATIENT TOTAL 1,108 4,633 6,023,504.41 1300.13 .055 5436.38 71.08 HSC HOSPITALS 28 144 199,890.11 1388.13 .002 7138.93 2.36 NON-HSC HOSPITALS TOTAL 1,037 4,395 5,796,931.66 1318.98 .052 5590.10 68.40	CROSSOVERS/ALL OTH OUTPTNT	5	7	873.03	124.72	.000	174.61	.01
MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL 84,746 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE @COMMUNITY HOSPITAL TOTAL 2,786 12,642 \$ 6,201,706.57 \$ 490.56 .149 \$ 2226.03 \$ 73.18 COMM HOSP INPATIENT TOTAL 1,108 4,633 6,023,504.41 1300.13 .055 5436.38 71.08 HSC HOSPITALS 28 144 199,890.11 1388.13 .002 7138.93 2.36 NON-HSC HOSPITALS TOTAL 1,037 4,395 5,796,931.66 1318.98 .052 5590.10 68.40	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 13,231
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL 84,746 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE ©COMMUNITY HOSPITAL TOTAL 2,786 12,642 \$ 6,201,706.57 \$ 490.56 .149 \$ 2226.03 \$ 73.18 COMM HOSP INPATIENT TOTAL 1,108 4,633 6,023,504.41 1300.13 .055 5436.38 71.08 HSC HOSPITALS 28 144 199,890.11 1388.13 .002 7138.93 2.36 NON-HSC HOSPITALS TOTAL 1,037 4,395 5,796,931.66 1318.98 .052 5590.10 68.40		FEE-FOR-SERVICE	/DENTAL					01/29/04
Average Cost per				- TOTAL				
84,746 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS 1,037 USERS UNITS OF SERVICE OR DAYS OF CARE OR DAY	DIETIT BIEDIET GOOT		1020 1011 111 110 000	1011111		MONT	THIV AVERA	GE
©COMMUNITY HOSPITAL TOTAL 2,786 12,642 \$ 6,201,706.57 \$ 490.56 .149 \$ 2226.03 \$ 73.18 COMM HOSP INPATIENT TOTAL 1,108 4,633 6,023,504.41 1300.13 .055 5436.38 71.08 HSC HOSPITALS 28 144 199,890.11 1388.13 .002 7138.93 2.36 NON-HSC HOSPITALS TOTAL 1,037 4,395 5,796,931.66 1318.98 .052 5590.10 68.40	94 746 ELICIDIES	HCEDC	INITEC OF CEDITOR	EADEMDILLIDEC	MIEDACE COCT			
@COMMUNITY HOSPITAL TOTAL 2,786 12,642 \$ 6,201,706.57 \$ 490.56 .149 \$ 2226.03 \$ 73.18 COMM HOSP INPATIENT TOTAL 1,108 4,633 6,023,504.41 1300.13 .055 5436.38 71.08 HSC HOSPITALS 28 144 199,890.11 1388.13 .002 7138.93 2.36 NON-HSC HOSPITALS TOTAL 1,037 4,395 5,796,931.66 1318.98 .052 5590.10 68.40	04,740 ELIGIBLES	USERS		EVERNOTIONES				
COMM HOSP INPATIENT TOTAL 1,108 4,633 6,023,504.41 1300.13 .055 5436.38 71.08 HSC HOSPITALS 28 144 199,890.11 1388.13 .002 7138.93 2.36 NON-HSC HOSPITALS TOTAL 1,037 4,395 5,796,931.66 1318.98 .052 5590.10 68.40								
HSC HOSPITALS 28 144 199,890.11 1388.13 .002 7138.93 2.36 NON-HSC HOSPITALS TOTAL 1,037 4,395 5,796,931.66 1318.98 .052 5590.10 68.40			, , , , , , , , , , , , , , , , , , , ,					
NON-HSC HOSPITALS TOTAL 1,037 4,395 5,796,931.66 1318.98 .052 5590.10 68.40	COMM HOSP INPATIENT TOTAL		4,633	6,023,504.41	1300.13	.055		
NON-HSC HOSPITALS TOTAL 1,037 4,395 5,796,931.66 1318.98 .052 5590.10 68.40	HSC HOSPITALS	28	144	199,890.11	1388.13	.002	7138.93	2.36
	NON-HSC HOSPITALS TOTAL	1.037	4,395					68.40
1,UU UI 1,UU LUI LUI LUI LUI LUI LUI LUI LUI LUI L								
	ACCOMMODATIONS ADMINISTRATIVE DAVS	1,037	55	11 044 59				13

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ANCILLARIES

ALL OTHER ACCOM

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

INPATIENT CROSSOVERS	43	94		26,682.64		283.86	.001		620.53		.31
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,813	8,009		178,202.16		22.25	.095		98.29		2.10
MEDICAL	184	211		7,402.42		35.08	.002		40.23		.09
SURGERY	108	111		4,009.30		36.12	.002		37.12		.05
PATHOLOGY	934	3,935		36,050.64		9.16	.046		38.60		.43
RADIOLOGY	609	801		55,652.95		69.48	.040		91.38		.66
ROOM USE	1,116	1,334		49,580.76		37.17	.016		44.43		.59
CROSSOVERS/ALL OTH OUTPTNT		1,617		25,506.09		15.77	.010		30.77		.30
@STATE HOSPITAL	0	1,017	\$.00	\$.00	.000	بے	.00	ċ.	.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	7	187	Ś	23,013.93	\$.002	ب.		بخ	
LEV A-INTERMEDIATE	,	0	Ą	.00	Ą	.00	.002	Ą	.00	Ą	.27 .00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
LEV B-TRANSITIONAL IP CARE	U 7	187				.00	.000				.00
LEV B-REGULAR @INTERMEDIATE CARE FACILDD	7	187	4	23,013.93	\$	123.07 .00	.002	ė.	3287.70	4	.27 .00
ICF DDH	0	0	\$.00	Ş	.00	.000	Þ		Þ	
ICF DDH ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	39	-	4	82,623.54	\$.00 46.87		ė.	2118.55	4	
@HEMODIALYSIS TOTAL	0	1,763	\$.00	Ş		.021	\$.00	Þ	.97
HOSPITAL BASED	39	1 763				.00	.000				.00
HEMODIALYSIS CENTER	39 22	1,763	ä	82,623.54	4	46.87	.021	4	2118.55	4	.97
@REHABILITATION FACILITY	0	429	\$	7,013.41	\$.005	Ş	318.79	Ş	.08
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	22 2,636	429	ä	7,013.41	4	16.35	.005	4	318.79	4	.08
@LABORATORY FACILITY	2,636	8,669	\$	146,724.21	\$.102	Ş		Ş	1.73
PATHOLOGY	2,631 7	8,662		146,383.20		16.90	.102		55.64		1.73
XO AND OTHERS	•	7	Å	341.01	4	48.72	.000	4	48.72	4	.00
@ORGANIZED OUTPATIENT CLINIC		30,759	\$	4,992,905.20	Ş	162.32	.363	Ş	254.03	Ş	58.92
CLINIC	282	1,053		42,176.81		40.05	.012		149.56		.50
SURGICENTER	30 0	87 0		3,649.65		41.95	.001		121.66		.04
HEROIN DETOX CLINIC	_	•		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	19,352	2,,02,		, - ,		167.02	.350		255.64		58.38
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES MC	NTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	PΙ	AGE 13,232
MOP024	FEE-FOR-SERVICE/DE			TOTA -							01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICE	S FOR MN - N	O SOC	- TOTAL						a E	
04 546			_				N	ION'I	HLY AVERA	.GE: -	

84,746 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4,598	35,964 \$	367,489.23	\$ 10.22	.424	79.92	\$ 4.34
DURABLE MED. EQUIP.	19	135	1,069.73	7.92	.002	56.30	.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	108.07	54.04	.000	108.07	.00
MEDICAL TRANSPORTATION	217	1,946	32,957.99	16.94	.023	151.88	.39
AMBULANCES/AIR TRANS	214	1,895	27,381.14	14.45	.022	127.95	.32
OTHER TRANS	3	48	176.85	3.68	.001	58.95	.00
OTHER SERVICES	3	3	5,400.00	1800.00	.000	1800.00	.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	71	1,135	78,185.99	68.89	.013	1101.21	.92
GENETIC DISEASE TESTING	812	815	84,701.50	103.93	.010	104.31	1.00
IHMC, MODEL-NF, NF, AIDS, MSSP	69	272	22,543.61	82.88	.003	326.72	.27
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	43	127	2,537.31	19.98	.001	59.01	.03
PHYSICAL THERAPIST	6	70	639.65	9.14	.001	106.61	.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	41	72	5,293.71	73.52	.001	129.11	.06

PROSTHETICS	19	39	1,375.54	35.27	.000	72.40	.02
ORTHOTICS	25	33	3,918.17	118.73	.000	156.73	.05
PSYCHOLOGIST	1	2	35.07	17.54	.000	35.07	.00
SPEECH AND AUDIOLOGY	6	8	282.66	35.33	.000	47.11	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,292	13,629	135,984.00	9.98	.161	41.31	1.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	32	17,751	3,149.94	.18	.209	98.44	.04
@CALIF. CHILDREN SERVICES*	104	3,051	\$ 793,810.95	\$ 260.18	.036	\$ 7632.80	\$ 9.37
@XOVER EXCLUDING STATE HOSP**	170	821	\$ 44,437.07	\$ 54.13	.010	\$ 261.39	\$.52

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES
MOP024 FEE-FOR-SERVICE/DE

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 13,233

01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

SANTA BARBARA COUN	SUMMARY OF SER	VICES FOR MN - SOC -	AGED	AID CODE 17	1Y		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	31	327 \$	2,817.53	\$ 8.62	.000 \$	90.89	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	3	197 \$	492.42	\$ 2.50	.000 \$	164.14	\$.00
PRESCRIPTION DRUGS	2	5	377.98	75.60	.000	188.99	.00
SNF/ICF	1	1	94.45	94.45	.000	94.45	.00
OUTPATIENTS	1	4	283.53	70.88	.000	283.53	.00
MEDICAL SUPPLIES	1	192	114.44	.60	.000	114.44	.00
@DENTIST	27	127 \$	2,272.00	\$ 17.89	.000 \$		\$.00
VISITS - DIAGNOSTIC	13	50	303.00	6.06	.000	23.31	.00
ORAL SURGERY	6	38	850.00	22.37	.000	141.67	.00

DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	1	1		45.00	45.00	.000	45.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	9	28		729.00	26.04	.000	81.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	5	8		345.00	43.13	.000	69.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	2	2		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITUR	ES MONT	'H-OF-PAYMENT RE	PORT FOR JAN	2003 THRU D	EC 2003	Ρž	AGE 13,234
MOP024	FEE-FOR-SERVICE								01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR MN - SO	C - AGE	D	AID CODE 1				
							NTHLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		T UNITS/DAYS			COST PER
	_	OR DAYS OF CARE			PER UNIT/DA		USER		ELIGIBLE
@OPTOMETRIST	1	3	\$	53.11	\$ 17.70		\$ 53.11	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	1	3		53.11	17.70	.000	53.11		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00	_	.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00	_	.00
@HOME HEALTH AGENCY	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	U	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	U	U			.00	.000			.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	U	0		.00	.00	.000	.00		.00

@FODIATKISI	U	U	Ą	.00	Ą	.00	۶ ۵۵۵	٠٠٠ ٢	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN 2	2003 THRU DE	C 2003	PAGE 13,235
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVIC	ES FOR MN - SOC -	- AGED	AID CODE 17	1Y		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES A	VERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE			PER II	NTT/DAY	PER ELIG		USER	1	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	т	.00	т	.00	.000	т	.00	т.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	U	0		.00		.00	.000		.00		.00
SURGERY	0	U		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$		\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	т	.00	т	.00	.000	т	.00	т.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	Ô	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	Ô	0	\$		\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	0	0	\$		\$.00	.000	\$.00	Ś	.00
@LABORATORY FACILITY	0	0	Ą		Ą		.000	Ą		Ą	
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0		ė.	.00	ė.	.00		4	.00	4	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00		\$.00	\$.00
CLINIC	0			.00		.00	.000		.00		.00
SURGICENTER	U	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0	_ ~	.00		.00	.000	~	.00	_	.00
#CALIF DEPT OF HEALTH SERV			ES	MONTH-OF-PAYMENT REP	OK.I. F	OR JAN 2	2003 THRU	DEC	2003	PA	AGE 13,236
MOP024	FEE-FOR-SERVICE						_				01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR MN - SO	C -	- AGED	AID	CODE 17					
									HLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE					UNITS/DAY				COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,237 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

SANIA DARDARA COUN	SUMMARI OF SERV.	ICES FOR MIN - SOC - PLIN	עו	AID CODE	41		
					MON'	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$		Ś	.00
PRESCRIPTION DRUGS	0	0	7	.00	.00	.000	.00	τ	.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	•	.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		S MONTH	H-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DE	C 2003		E 13,238
MOP024	FEE-FOR-SERVICE/								01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR MN - SOC	- BLIN	ID	AID CODE	27			
						_	THLY AVERA	_	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		OST PER
	_	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00

					MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE CO	ST UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/D	AY PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	Ō	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO					PAGE 13,239
MOP024	FEE-FOR-SERVICE/I				OUS TIME DE	2 2005	01/29/04
SANTA BARBARA COUN		ES FOR MN - SOC - E	RT, TND	AID CODE	27		02/22/01
		22 1 011 1111 200 1		1112 0022	MON'	THLY AVERA	TE
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 2213225		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00

00 ETIGIDIES	CALCO	UNIIS OF SERVICE	EVERNOTIONES	AVERAGE COSI		COSI PER	COSI PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00

HOSPITAL BASED	0	Λ	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000	.00		.00
	0	0							
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0	.00	1	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	1	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	1	.00	.000	.00		.00
XO AND OTHERS	0	0	.00)	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00)	.00	.000	.00		.00
SURGICENTER	0	0	.00)	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00)	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00)	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2003	3 THRU D	EC 2003	PAG	E 13,240
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FO	OR MN - SOC	- BLIND		AID CODE 27				

						110111		-
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE CIVE	TN AC A CEDARA	TT MOTTAMACHMI TT	V.TMO Mar	• •				

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,241 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

DIETITI DIETETTI COCI	001111111111111111111111111111111111111	, 1010 1 011 111.	200	 0110000			V -		
							MO	NTHLY AVERA	AGE
05 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	P	VERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF C	ARE		F	ER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	165	523	\$	52,552.86	\$	100.48	104.600	\$ 318.50	\$ 10510.57
@PHYSICIANS SERVICES	2	10	\$	280.21	\$	28.02	2.000	\$ 140.11	\$ 56.04
OUTPATIENT VISITS	1	2		52.76		26.38	.400	52.76	10.55
OFFICE VISITS	1	1		7.00		7.00	.200	7.00	1.40
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	1	1		45.76		45.76	.200	45.76	9.15
INPATIENT VISITS	0	0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

A COT CHANGE CUID CHON											
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
	0	0									
PATHOLOGY	U	U		.00		.00	.000		.00		.00
RADIOLOGY	2	3		175.32		58.44	.600		87.66		35.06
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	5		52.13		10.43	1.000		52.13		10.43
@PHARMACY	6	41	\$	5,884.44	\$	143.52	8.200	\$	980.74	\$	1176.89
PRESCRIPTION DRUGS	6	41		5,884.44		143.52	8.200		980.74		1176.89
SNF/ICF	0	4		183.77CR	1	45.94CR			.00		36.75CR
OUTPATIENTS	6	37		6,068.21	=	164.01	7.400		1011.37		1213.64
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	66	280	\$	11,154.00	\$	39.84	56.000	\$	169.00	\$	
	36		Ą		Ą			Þ		Ą	
VISITS - DIAGNOSTIC		137		1,574.00		11.49	27.400		43.72		314.80
ORAL SURGERY	9	29		607.00		20.93	5.800		67.44		121.40
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	5	5		609.00		121.80	1.000		121.80		121.80
ENDODONTICS	6	8		1,280.00		160.00	1.600		213.33		256.00
RESTORATIVE DENTISTRY	23	76		5,378.00		70.76	15.200		233.83		1075.60
PROSTHETICS	1	2		60.00		30.00	.400		60.00		12.00
DENTURES, STAYPLATES	7	20		1,646.00		82.30	4.000		235.14		329.20
SPACE MAINTAINERS	ń	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	Ö		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
FRACIURES, DISLOCATIONS	U	U		.00		.00	.000				
	^	Ō		0.0		0.0	000		^ ^		
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0 2	3		.00		.00	.600		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	3 S AND EXPENDITUR	RES N		PORT	.00	.600	DEC	.00	P	.00 AGE 13,242
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/	3 S AND EXPENDITUR DENTAL		.00 MONTH-OF-PAYMENT RE		.00 FOR JAN	.600 2003 THRU	DEC	.00	Ρ	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE/	3 S AND EXPENDITUR		.00 MONTH-OF-PAYMENT RE		.00	.600 2003 THRU	DEC	.00	P	.00 AGE 13,242
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/	3 S AND EXPENDITUR DENTAL		.00 MONTH-OF-PAYMENT RE		.00 FOR JAN	.600 2003 THRU		.00		.00 AGE 13,242
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/	3 S AND EXPENDITUR DENTAL)C -	.00 MONTH-OF-PAYMENT RE	ODES	.00 FOR JAN 65 67 6W	.600 2003 THRU	TNON	.00	.GE	.00 AGE 13,242
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	3 S AND EXPENDITUR DENTAL CES FOR MN - SO UNITS OF SERVICE)C -	.00 MONTH-OF-PAYMENT RE DISABLED AID C	ODES AVE	.00 FOR JAN 65 67 6W	.600 2003 THRU 6Y M UNITS/DAY	MONT MS	.00 2 2003 CHLY AVERA	.GE	.00 AGE 13,242 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 05 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	3 S AND EXPENDITUR DENTAL CES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE)C -	.00 MONTH-OF-PAYMENT RE DISABLED AID C EXPENDITURES	ODES AVE PER	.00 FOR JAN 65 67 6W RAGE COST UNIT/DAY	.600 2003 THRU 6Y M UNITS/DAY PER ELIG	MONT KS	.00 2003 CHLY AVERA COST PER USER	.GE	.00 AGE 13,242 01/29/04 COST PER ELIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 05 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	3 S AND EXPENDITUR DENTAL CES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 0)C -	.00 MONTH-OF-PAYMENT RE DISABLED AID C EXPENDITURES .00	ODES AVE	.00 FOR JAN 65 67 6W RAGE COST UNIT/DAY .00	.600 2003 THRU 6Y M UNITS/DAY PER ELIG .000	MONT KS	.00 2003 THLY AVERA COST PER USER .00	.GE	.00 AGE 13,242 01/29/04 COST PER ELIGIBLE .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 05 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	3 S AND EXPENDITUR DENTAL CES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 0 0)C -	.00 MONTH-OF-PAYMENT RE DISABLED AID C EXPENDITURES .00 .00	ODES AVE PER	.00 FOR JAN 65 67 6W RAGE COST UNIT/DAY .00 .00	.600 2003 THRU 6Y M UNITS/DAY PER ELIC .000 .000	MONT KS	.00 2 2003 THLY AVERA COST PER USER .00 .00	.GE	.00 AGE 13,242 01/29/04 COST PER ELIGIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 05 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	3 S AND EXPENDITUR DENTAL CES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0)C -	.00 MONTH-OF-PAYMENT RE DISABLED AID C EXPENDITURES .00 .00 .00	ODES AVE PER	.00 FOR JAN 65 67 6W RAGE COST UNIT/DAY .00 .00	.600 2003 THRU 6Y M UNITS/DAY PER ELIC .000 .000	MONT KS	.00 2 2003 THLY AVERA COST PER USER .00 .00	.GE	.00 AGE 13,242 01/29/04 COST PER ELIGIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 05 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	3 S AND EXPENDITUR DENTAL CES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0)C -	.00 MONTH-OF-PAYMENT RE DISABLED AID C EXPENDITURES .00 .00 .00 .00	ODES AVE PER \$.00 FOR JAN 65 67 6W RAGE COST UNIT/DAY .00 .00 .00	.600 2003 THRU 6Y M UNITS/DAY PER ELIC .000 .000 .000	MONT IS } \$	2 2003 CHLY AVERA COST PER USER .00 .00 .00	.GE \$.00 AGE 13,242 01/29/04 COST PER ELIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 05 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	3 S AND EXPENDITUR DENTAL CES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0)C -	.00 MONTH-OF-PAYMENT RE DISABLED AID C EXPENDITURES .00 .00 .00 .00 .00	ODES AVE PER	.00 FOR JAN 65 67 6W RAGE COST UNIT/DAY .00 .00 .00	.600 2003 THRU 6Y M UNITS/DAY PER ELIG .000 .000 .000	MONT KS	.00 PHLY AVERA COST PER USER .00 .00 .00	.GE \$.00 AGE 13,242 01/29/04 COST PER ELIGIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 05 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	3 S AND EXPENDITUR DENTAL CES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0)C -	.00 MONTH-OF-PAYMENT RE DISABLED AID C EXPENDITURES .00 .00 .00 .00 .00 .00	ODES AVE PER \$.00 FOR JAN 65 67 6W RAGE COST UNIT/DAY .00 .00 .00 .00	.600 2003 THRU 6Y M UNITS/DAY PER ELIG .000 .000 .000 .000	MONT IS } \$.00 PHLY AVERA COST PER USER .00 .00 .00	.GE \$.00 AGE 13,242 01/29/04 COST PER ELIGIBLE .00 .00 .00 .00
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ADMINISTRATIVE DAYS	Ω	Ω	.00	.00	.000	.00		.00
	0	0						
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
	Ū	U					_	
INPATIENT CROSSOVERS	2	4	1,680.00	420.00	.800	840.00	3.	36.00
ALL OTHER INPATIENT	Ω	0	.00	.00	.000	.00		.00
	0	0						
HOSP OUTPATIENT TOTAL	U	U	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	Ω	Ο	.00	.00	.000	.00		.00
	0	0						
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
	0	0						
ROOM USE	U	•	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	Ω	0 \$.00	\$.00	.000 \$.00	\$.00
	0	- T		•	•		Ÿ	
CO HOSPITAL INPATIENT TOTAL	Ü	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
	U	U						
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
	0	0						
TRANSITIONAL IP CARE	Ü	Ü	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
	0	U						
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
	0	0						
CO HOSP OUTPATIENT TOTAL	Ü	Ü	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	Λ	0	.00	.00	.000	.00		.00
	0	0						
PATHOLOGY	Ü	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
ROOM USE	U							.00
		O						
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
	0 MEDI-CAI, SERVICE	ŭ	.00	.00	.000	.00	DACE	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	.00	.00	.000	.00		.00 13,243
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#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/	S AND EXPENDITURES DENTAL	.00 MONTH-OF-PAYMENT	.00 REPORT FOR JAN	.000 2003 THRU DEC	.00		.00 13,243
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#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 2 2 0 0 0 0 0 0 2 2 0 0 0 0 0 0 0 0 0	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 MONTH-OF-PAYMENT 1 DISABLED AID EXPENDITURES 1,680.00 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 REPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 420.00	.000 2003 THRU DEC 6Y MONT UNITS/DAYS PER ELIG .800 \$.800 .000 .000 .000 .000 .000 .000 .00	.00 C 2003 THLY AVERA COST PER USER 840.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	0. GE COS' ELIC \$ 3.	.00 13,243 1/29/04 T PER GIBLE 36.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 2 2 0 0 0 0 0 0 2 2 0 0 0 0 0 0 0 0 0	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 MONTH-OF-PAYMENT 1 DISABLED AID EXPENDITURES 1,680.00 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 REPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 420.00 .00	.000 2003 THRU DEC 6Y MONT UNITS/DAYS PER ELIG .800 \$.800 .000 .000 .000 .000 .000 .000 .00	.00 C 2003 THLY AVERA COST PER USER 840.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	0. GE COS' ELI(\$ 3 3	.00 13,243 1/29/04 T PER GIBLE 36.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 2 2 0 0 0 0 0 0 2 2 0 0 0 0 0 0 0 0 0	S AND EXPENDITURES DENTAL CES FOR MN - SOC - UNITS OF SERVICE OR DAYS OF CARE 4 \$ 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 MONTH-OF-PAYMENT 1 DISABLED AID EXPENDITURES 1,680.00 1,680.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 REPORT FOR JAN CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 420.00	.000 2003 THRU DEC 6Y MONT UNITS/DAYS PER ELIG .800 \$.800 .000 .000 .000 .000 .000 .000 .00	.00 C 2003 THLY AVERA COST PER USER 840.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	0. GE COS' ELIC \$ 3.	.00 13,243 1/29/04 T PER GIBLE 36.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE FREESTANDING	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	Ω	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	Y	.00	Ÿ	.00	.000	Ų	.00	Ÿ	.00
-	0										
ICF DD	Ü	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	т	.00	т.	.00	.000	т.	.00	т.	.00
	0										
HEMODIALYSIS CENTER	Ü	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	1	1	\$	8.82	\$	8.82	.200	۲.	8.82	ė.	
@LABORATORY FACILITY	<u> </u>	1	Ą		Ą			\$		\$	1.76
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	1		8.82		8.82	.200		8.82		1.76
@ORGANIZED OUTPATIENT CLINIC	101	183	\$	32,746.49	\$	178.94	36.600	\$	324.22	\$	6549.30
CLINIC	101	0	Ψ.	.00	τ	.00	.000	τ.	.00	Ψ.	.00
	0										
SURGICENTER	Ü	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	101	183		32,746.49		178.94	36.600		324.22		6549.30
#CALIF DEPT OF HEALTH SERV			S M	IONTH-OF-PAYMENT R	EDORT			DEC		DΖ	AGE 13,244
			10 10	ONIII OF FAIMENT N	CEF OICE	I'OK UAN	2005 11110	DEC	2003	E E	
MOP024	FEE-FOR-SERVICE/						_				01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR MN - SOC	. –	DISABLED AID	CODES	65 67 6W	6 Y				
							N	IONTI	ILY AVERA	GE -	
05 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF CARE					PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1	4	\$	798.90	\$	199.73	.800		798.90		159.78
	-		Ą		Ą			Ą		Ą	
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
	0	0									
AMBULANCES/AIR TRANS	U	U		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
	0	0									
GENETIC DISEASE TESTING	U	U		.00		.00	.000		.00		.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	1	4		798.90		199.73	.800		798.90		159.78
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	Õ	0		.00		.00	.000		.00		.00
	0	0									
PORTABLE X-RAY	Ü	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
	0	0									
PSYCHOLOGIST	U	U		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
	Õ	0									
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	Ü	U		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	-	0		.00		.00	.000		.00		.00
	(1)										
	0	-	ċ.		بخ	0.0	000	ب.	0.0	Ġ	0.0
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000		.00		.00
@XOVER EXCLUDING STATE HOSP**		0 1	\$.00 1,688.82	\$ \$.00 1688.82	.000		.00 562.94		.00 337.76
		0 1	\$.00 1,688.82	\$ \$						

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,245 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	NTHLY AVERA	GE	
30 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	104	397	\$	19,567.55	\$ 49.29	13.233	188.15	\$	652.25
@PHYSICIANS SERVICES	2	3	\$	125.18	\$ 41.73	.100 \$	62.59	\$	4.17
OUTPATIENT VISITS	1	1		108.08	108.08	.033	108.08		3.60
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1	1		108.08	108.08	.033	108.08		3.60
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00

OTHER OHTENT	0	0	0.0	.00	.000	0.0	0.0
OTHER OUTPATIENT INPATIENT VISITS	0	0	.00	.00		.00	.00
	0	0	.00		.000	.00	.00
HOSPITAL VISITS	U	0	.00	.00	.000	.00	.00
CRITICAL CARE	U	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	Ü	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	Ô	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	1	0					
RADIOLOGY	1	2	17.10	8.55	.067	17.10	.57
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	3 \$	84.63CR		.100 \$.00	•
PRESCRIPTION DRUGS	0	3	84.63CR	28.21CR	.100	.00	2.82CR
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	3	84.63CR	28.21CR	.100	.00	2.82CR
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	61	325 \$	7,242.14	\$ 22.28	10.833 \$	118.72	\$ 241.40
VISITS - DIAGNOSTIC	39	191	1,100.00	5.76	6.367	28.21	36.67
ORAL SURGERY	11	20	971.14	48.56	.667	88.29	32.37
DRUGS	1	1	.00	.00	.033	.00	.00
ANESTHESIA	1	1	100.00	100.00	.033	100.00	3.33
PERIODONTICS	2	1	.00	.00	.033	.00	.00
ENDODONTICS	3	_ 6	446.00	74.33	.200	148.67	14.87
RESTORATIVE DENTISTRY	22	82	3,816.00	46.54	2.733	173.45	127.20
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	6	267.00	44.50	.200	133.50	8.90
SPACE MAINTAINERS	1	1	120.00	120.00	.033	120.00	4.00
MAXILLOFACIAL SERVICES	1	5	100.00	20.00	.167	100.00	3.33
FRACTURES, DISLOCATIONS	1	1	322.00	322.00	.033	322.00	10.73
ORTHODONTIC SERVICES	2	2	.00	.00	.100	.00	.00
	2	3 7	.00	.00	.233	.00	.00
ALL OTHER SERVICES	2	•					
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MO	NIH-OF-PAYMENI REF	PORT FOR JAN A	ZUUS THRU DE	2 2003	PAGE 13,246
MOP024	FEE-FOR-SERVICE/D						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVIC	ES FOR MN - SOC - F	AMILIES AID CODE 5	oR 6R 37			
					MON'		
30 ELIGIBLES		NITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
OTHER	U	U	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	Ô	n ¢	.00	\$.00	.000 \$.00	\$.00
	, 0	0 4	.00	\$.00		.00	
PEDIATRIC NURSE PRACTITIONER	. 0	U Ş		•			•
FAMILY NURSE PRACTITIONER	Ü	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	1	3 \$.00	\$.00	.100 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	Ô	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	Ü	Ü	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	1	0					
HOSP OUTPATIENT TOTAL	1	3	.00	.00	.100	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	.00	.00	.033	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	.00	.00	.033	.00	.00
ROOM USE	_ 1	1	.00	.00	.033	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	,	0	.00	.00	.000	.00	.00
	0						
@COUNTY HOSPITAL TOTAL	U	0 \$.00	\$.00	.000 \$.00	-
CO HOSPITAL INPATIENT TOTAL	, 0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ô	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	Ü	Ü	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	Ô	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	Ü	Ü	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	. 0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE		PAGE 13,247
MOP024	FEE-FOR-SERVICE						01/29/04
SANTA BARBARA COUN		ICES FOR MN - SOC	- EXMITITES AID CODE	5D 6D 37			01/25/01
SANIA BARBARA COUN	SUMMARI OF SERV	ICES FOR MIN - SOC	- FAMILIES AID CODE	3K 0K 37	MONT	DIII 37 A 3 7 D A 4	G E
20					MON'		
30 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		r units/days		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	3 \$.00	\$.00	.100 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
NON-HSC HOSPITALS TOTAL		0			.000		.00
ACCOMMODATIONS	0	Ü	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	•	U	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	3	.00	.00	.100	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	1	1		.00)	.00	.033		.00		.00
PATHOLOGY	0	0		.00)	.00	.000		.00		.00
RADIOLOGY	1	1		.00)	.00	.033		.00		.00
ROOM USE	1	1		.00)	.00	.033		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00)	.00	.000		.00		.00
@STATE HOSPITAL	2	0	\$	3,578.91	. \$.00	.000	\$	1789.46	\$	119.30
MENTALLY ILL	2	0	·	3,578.91		.00	.000	•	1789.46	•	119.30
DEVELOP. DISABLED	0	0		.00)	.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00)	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00)	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00)	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00)	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00) \$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00)	.00	.000		.00		.00
ICF DD	0	0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00)	.00	.000		.00		.00
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	35	51	\$	8,422.13	\$	165.14	1.700	\$	240.63	\$	280.74
CLINIC	0	0		.00)	.00	.000		.00		.00
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	35	51		8,422.13	}	165.14	1.700		240.63		280.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITUR	ES 1	MONTH-OF-PAYMENT	REPOR	T FOR JAN	2003 THRU	DEC	2003	PI	AGE 13,248
MOP024	FEE-FOR-SERVICE/										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR MN - SC)C -	FAMILIES AID COD	E 5R	6R 37					
							M	IONT	HLY AVERA		
30 ELIGIBLES	USERS 1	UNITS OF SERVICE	:	EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE	:			R UNIT/DAY			USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	6	12	\$	283.82		23.65	.400	\$	47.30	\$	9.46
DURABLE MED. EQUIP.	0	0		.00)	.00	.000		.00		.00

					1.1014	11111 1 11 1 11 11 11 11	J L
30 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6	12 \$	283.82	\$ 23.65	.400 \$	47.30	\$ 9.46
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.033	105.00	3.50
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	11	178.82	16.26	.367	35.76	5.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,249
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - SOC - TOTAL

SANTA BARBARA COUN	SUMMARY OF SER	VICES FOR MN - SOC - TO	OTAL				
						THLY AVERAGE	
35 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		- '		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	300	1,247 \$	74,937.94	\$ 60.09	35.629 \$	249.79 \$	
@PHYSICIANS SERVICES	4	13 \$	405.39	\$ 31.18	.371 \$	101.35 \$	
OUTPATIENT VISITS	2	3	160.84	53.61	.086	80.42	4.60
OFFICE VISITS	1	1	7.00	7.00	.029	7.00	.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.029	108.08	3.09
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.029	45.76	1.31
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	5	192.42	38.48	.143	64.14	5.50
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	5	52.13	10.43	.143	52.13	1.49
@PHARMACY	9	241 \$	6,292.23	\$ 26.11	6.886 \$	699.14 \$	
PRESCRIPTION DRUGS	8	49	6,177.79	126.08	1.400	772.22	176.51
SNF/ICF	1	5	89.32CR		.143	89.32CR	2.55CR
OUTPATIENTS	7	44	6,267.11	142.43	1.257	895.30	179.06
MEDICAL SUPPLIES	1	192	114.44	.60	5.486	114.44	3.27
@DENTIST	154	732 \$	20,668.14	\$ 28.24	20.914 \$	134.21 \$	
VISITS - DIAGNOSTIC	88	378	2,977.00	7.88	10.800	33.83	85.06
ORAL SURGERY	26	87	2,428.14	27.91	2.486	93.39	69.38
DRUGS	1	1	.00	.00	.029	.00	.00
ANESTHESIA	1	1	100.00	100.00	.029	100.00	2.86
PERIODONTICS	8	7	654.00	93.43	.200	81.75	18.69
ENDODONTICS	9	14	1,726.00	123.29	.400	191.78	49.31

RESTORATIVE DENTISTRY PROSTHETICS	54	186	9,923.00 60.00	53.35 30.00	5.314 .057	183.76 60.00	283.51 1.71
DENTURES, STAYPLATES	14	34	2,258.00	66.41	.971	161.29	64.51
SPACE MAINTAINERS	1	1	120.00	120.00	.029	120.00	3.43
MAXILLOFACIAL SERVICES	1	5	100.00	20.00	.143	100.00	2.86
FRACTURES, DISLOCATIONS	1	1	322.00	322.00	.029	322.00	9.20
ORTHODONTIC SERVICES	2	3	.00	.00	.086	.00	.00
ALL OTHER SERVICES	9	12	.00	.00	.343	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DE	C 2003	PAGE 13,250
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR MN - SOC - T	OTAL				
					MON	THLY AVERAG	E
35 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	1	3 \$	53.11	\$ 17.70	.086 \$	53.11	\$ 1.52
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	1	3		53.11		17.70	.086		53.11		1.52
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	Ų	.00	Ų	.00	.000	Ÿ	.00	Ÿ	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0	0	Ą	.00	Ą	.00		Ą	.00	Ą	
MEDICINE/INJECTIONS	0			.00		.00	.000		.00		.00
SURGERY/ANES.	0	0					.000				.00
RADIO./PATHOLOGY OTHER	0			.00		.00	.000		.00		.00
	0	0	4		4		.000	۲,		ė.	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	•	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	U	Ş	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	./	Ş	1,680.00	Ş	240.00	.200	\$	560.00	\$	48.00
HOSP INPATIENT TOTAL	2	4		1,680.00		420.00	.114		840.00		48.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	4		1,680.00		420.00	.114		840.00		48.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	3		.00		.00	.086		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		.00		.00	.029		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		.00		.00	.029		.00		.00
ROOM USE	1	1		.00		.00	.029		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT R	EPORT			DEC		PΑ	AGE 13,251
MOP024	FEE-FOR-SERVICE		-		_						01/29/04
SANTA BARBARA COUN		ICES FOR MN - SC	C -	TOTAL							,,
							M	ONT	HLY AVERA	GE -	
35 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVF	ERAGE COST					COST PER
	00210	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	7	\$	1,680.00	\$.200		560.00		48.00
COMM HOSP INPATIENT TOTAL	2	4	т.	1,680.00	Ŧ	420.00	.114	т	840.00	-7	48.00
				_,							
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		1,680.00		420.00	.114		840.00		48.00
ALL OTHER INPATIENT	2	4									
-	0	U		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	3		.00		.00	.086		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		.00		.00	.029		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		.00		.00	.029		.00		.00
ROOM USE	1	1		.00		.00	.029		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	2	0	\$	3,578.91	\$.00	.000	\$	1789.46	\$	102.25
MENTALLY ILL	2	0	•	3,578.91	•	.00	.000		1789.46		102.25
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	Ô	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	Y	.00	٧	.00	.000	٧	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0									
	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	U	U		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ü	Ü		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	- T	.00	т.	.00	.000	т.	.00	-	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	8.82		8.82	.029	\$	8.82	\$.25
PATHOLOGY	0	0	Y	.00	Ų	.00	.000	Y	.00	Ÿ	.00
	1	1		8.82			.029		8.82		.25
XO AND OTHERS	136	224	4		d	8.82		ė.	302.71	4	
@ORGANIZED OUTPATIENT CLINIC		234	\$	41,168.62	Ş	175.93	6.686	\$		\$	1176.25
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	U	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	136	234		41,168.62		175.93	6.686		302.71		1176.25
#CALIF DEPT OF HEALTH SERV			JRES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 13,252
MOP024	FEE-FOR-SERVICE/										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR MN - S	SOC -	TOTAL							
									HLY AVERA	GE	
35 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	ZS.	COST PER		COST PER
		OR DAYS OF CAR	RE		PER	UNIT/DAY	PER ELIC	1	USER		ELIGIBLE
@ALL OTHER PROVIDERS	7	16	\$	1,082.72	\$	67.67	.457	\$	154.67	\$	30.93
DURABLE MED. EQUIP.	0	0		.00		.00	.000	•	.00	-	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	n		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		
	0	0									.00
OTHER SERVICES	•	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	1	1		105.00		105.00	.029		105.00		3.00

IHMC, MODEL-NF, NF, AIDS, MSSP	1	4		798.90	199.73	.114	798.90	22.83
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	11		178.82	16.26	.314	35.76	5.11
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	1	\$	1,688.82	\$ 1688.82	.029	\$ 562.94	\$ 48.25
CA MOMATO TAI MILECE TIMES AND CITIES	3 C 3 CED3D3EE	TATE OF A SET ON .	 O377 77 .					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,253 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

					MON	THLY AVERAGE	
125 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	485	12,731 \$	382,142.43	\$ 30.02	101.848 \$	787.92 \$	3057.14
@PHYSICIANS SERVICES	18	25 \$	358.44	\$ 14.34	.200 \$	19.91 \$	2.87
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	18	25	358.44	14.34	.200	19.91	2.87
@PHARMACY	149	782 \$	38,993.22	\$ 49.86	6.256 \$		311.95
PRESCRIPTION DRUGS	147	771	38,653.11	50.13	6.168	262.95	309.22

SNF/ICF	140	757	37,491.54	49.53	6.056	267.80	299.93
OUTPATIENTS	7	14	1,161.57	82.97	.112	165.94	9.29
MEDICAL SUPPLIES	7	11	340.11	30.92	.088	48.59	2.72
@DENTIST	299	957 \$	54,579.25	\$ 57.03	7.656 \$	182.54	\$ 436.63
VISITS - DIAGNOSTIC	220	623	11,388.25	18.28	4.984	51.76	91.11
ORAL SURGERY	20	116	5,765.00	49.70	.928	288.25	46.12
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.016	100.00	1.60
PERIODONTICS	31	31	6,055.00	195.32	.248	195.32	48.44
ENDODONTICS	2	3	645.00	215.00	.024	322.50	5.16
RESTORATIVE DENTISTRY	14	32	3,229.00	100.91	.256	230.64	25.83
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	66	150	27,297.00	181.98	1.200	413.59	218.38
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 13,254
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR MN - LONG	TERM CARE - AGED	AID CODE	13		
					MONT	HLY AVERA	GE
125 FITCIDIFC	TICEDC TIMITE	C OF CFDVICE	PADEMULLIDEG	AMEDICE COCT	סעגם/ סידדוווו י	COCT DED	COCT DED

AVERAGE COST UNITS/DAYS COST PER COST PER 125 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 25.05 37.58 \$ @OPTOMETRIST 6 150.31 .048 \$ 1.20 DIAGNOSTIC AND ANC. PROCED 1 23.73 23.73 .008 23.73 .19 EYE APPLIANCES 3 5 126.58 25.32 .040 42.19 1.01 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 .00 .000 .00 .00 0 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 7.20 @PODIATRIST 18 21 129.66 6.17 .168 \$ 1.04 .00 .00 0 .00 .000 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY 0 0 .00 .00 .000 .00 .00 7.20 OTHER 18 21 129.66 6.17 .168 1.04 Ω .00 .00 .000 .00 .00 @HOME HEALTH AGENCY NURSE ANESTHESIST .00 .00 .000 .00 .00 0 NURSE MIDWIFE .00 \$.00 .000 .00 \$.00 0 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 \$.00 .00 FAMILY NURSE PRACTITIONER 0 .00 Ś .00 .000 .00 \$.00 @TOTAL HOSPITAL 3,427.61 40.80 .672 428.45 27.42 HOSP INPATIENT TOTAL 56 3,125.75 55.82 .448 625.15 25.01 HSC HOSPITALS 0 .00 .00 .000 .00 .00 0 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 0 .00 .00 .00 ALL OTHER ACCOM .000 0 .00 .00 .000 .00 ANCILLARIES .00 INPATIENT CROSSOVERS 3,125.75 55.82 .448 625.15 25.01 ALL OTHER INPATIENT .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 301.86 10.78 .224 100.62 2.41 MEDICAL 0 .00 .00 .000 .00 .00 SURGERY Ω .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 PATHOLOGY .00 RADIOLOGY 0 .00 .000 .00 .00 0 .00 .00 .00 .00 ROOM USE .000 28 301.86 10.78 .224 100.62 2.41 CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL 0 .00 \$.00 .000 \$.00 \$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .000 .00 PAGE 13,255

.00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL

SANTA BARBERA COUN SEMINATE SEMINAT	#CALIF DEPT OF HEALTH SERV		JES AND EXPENDITURES	MONTH-OF-PAYMENT F	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 13,255
125 ELICIBLES	MOP024			MEDM CADE ACED	ATD CODE	1.2		01/29/04
COMMINITY DESTITAL TOTAL	SANTA BARBARA COUN	SUMMARY OF SER	VICES FOR MN - LONG	TERM CARE - AGED	AID CODE		miii 17 - 31700 3	απ.
COMMUNITY HOSFITAL TOTAL								
## STATE HOSPITAL TOTAL S	125 ELIGIBLES	USERS		EXPENDITURES				
COMM HOSP INPATIENT TOTAL								
HECHOSPITALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		8						
NON-HISC HOSPITALS TOTAL ACCOMMODATIONS O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COMM HOSP INPATIENT TOTAL	5		3,125.75	55.82		625.15	
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HSC HOSPITALS	0			.00	.000	.00	.00
AMMINISTRATIVE DAYS 0 0 0 0.00 .000 .000 .000 .000 .000 .	NON-HSC HOSPITALS TOTAL	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE ALC OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM ANCILLARIES 0 0 0 0 0 00 000 000 IMPATIENT CROSSOVERS 5 5 6 3.125.75 5 5.822 448 625.15 25 .010 ALL OTHER INPATIENT 0 0 0 0 0 00 000 ACCOM HOSP OUTPATIENT TOTAL 3 28 301.86 10.78 224 100.62 2.41 MERICARY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ANCILLARIES	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ANCILLARIES	ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT 0		0	0					
ALL OTHER INPATIENT		5						
COMM ROSP OUTPATIENT TOTAL 3		0		-				
MEDICAL 0		3	_					
SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0						
PATHOLOGY		0						
RADIOLOGY ROOM USE 0 0 0 0.00 .000 .000 .000 .000 .000 CROSSOVERS/ALL OTH OUTPITY 3 28 301.86 10.78 .224 100.62 2.41 SYSTATE HOSPITTAL 0 0 0 \$.00 \$.00 .000 .000 \$.00 \$.00 MENTALLY ILL 0 0 0 0 .00 .00 .00 .000 .000 .000 MENTALLY ILL 0 0 0 0 .00 .00 .00 .000 .000 .000 MENTALLY ILL 0 0 0 0 .00 .00 .00 .000 .000 .000 MENTALLY ILL 0 0 0 0 .00 .00 .00 .000 .000 .000 MENTALLY ILL 0 0 0 0 .00 .00 .00 .000 .000 .000 MENTALLY ILL 0 0 0 0 .00 .00 .000 .000 .000 .000 MENTALLY ILL 0 0 0 0 .00 .00 .000 .000 .000 .000 MENTALLY ILL 0 0 0 0 .00 .00 .000 .000 .000 .000 MENTALLY ILL 106 3,166 \$ 276,257.08 \$ 87.26 25,328 \$ 2606.20 \$ 2210.06 MENTERMEDIATE 0 0 0 .00 .00 .000 .000 .000 .000 MEV B-SUBACUTE FREESTANDING 0 0 0 .00 .00 .000 .000 .000 .000 MEV B-SUBACUTE HOSPIT BASED 0 0 0 .00 .00 .00 .000 .000 .000 MEV B-SUBACUTE HOSPIT BASED 0 0 0 .00 .00 .00 .000 .000 .000 MEV B-REGULAR 1 06 3,166 276,257.08 \$ 87.26 25,328 \$ 2606.20 \$ 2210.06 MENTERMEDIATE CARE FACIL -DD 0 0 0 0 .00 .00 .000 .000 .000 .000 MEV B-REGULAR 1 06 3,166 276,257.08 \$ 87.26 25,328 \$ 2606.20 \$ 2210.06 MENTERMEDIATE CARE FACIL -DD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0						
ROM USE		0	0					
CROSSOVERS/ALL OTH OUTFINT 3 28 301.86 10.78 .224 100.62 2.41 SSTATE HOSPITAL 0 0 0 \$.00 \$.00 .00 \$		0	0					
STATE HOSPITAL 0		U 3	•					
MENTALLY ILL 0		1 3						
DEVELOP, DISABLED 0		0	- т					
### SUBACUTE HISPATION ON O		0	•					
LEV A - INTERMEDIATE 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		•	•					
LEV B-REHIAB MD LEV B-SUBACUTE FREESTANDING 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-SUBACUTE FREESTANDING 0 0 0 0.00 0.00 0.00 0.00 LEV B-SUBACUTE HSPTL BASED 0 0 0 0.00 0.00 0.00 0.00 LEV B-REGULAR 106 3,166 276,257.08 87.26 25.328 2606.20 2210.06 @INTERMEDIATE CARE FACILDD 0 0 0 0.00 0.00 0.00 0.00 0.00 ICF DDH 0 0 0 0.00 0.00 0.00 0.00 0.00 ICF DDH 0 0 0 0.00 0.00 0.00 0.00 0.00 ICF DDN/DCN 0 0 0 0 0.00 0.00 0.00 0.00 ICF DDN/DCN 0 0 0 0 0 0.00 0.00 0.00 0.00 #MEMODIALYSIS TOTAL 0 0 0 0 0 0 0 0 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0.00 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0.00 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0.00 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0.00 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0.00 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0.00 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0.00 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0.00 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0.00 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0.00 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0.00 #MEMODIALYSIS CENTER 0 0 0 0 0 0 0.00 #MEMODIALYSIS CENTER MMDETERDENTIALYSIS CENTER MMDETERDENTIALYSIS CE			, ,					•
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	•					
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	_					
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR 106 3,166 276,257.08 87.26 25.328 2606.20 2210.06 @INTERMEDIATE CARE FACILDD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		G 0	•					
LEV B-REGULAR 106 3,166 276,257.08 87.26 25328 2606.20 2210.06 201	LEV B-SUBACUTE HSPTL BASED	0	•	.00			.00	
SINTERMEDIATE CARE FACILDD		•	•					.00
CLF DDH	LEV B-REGULAR	106	3,166	276,257.08	87.26			
TCF DD	@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
CIF DDN/DDCN	ICF DDH	0	0	.00	.00	.000	.00	.00
### MODIALYSIS TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ICF DD	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 HEMODIALYSIS CENTER 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
### HEMODIALYSIS CENTER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
## CALIF DEPT OF HEALTH SERV MODIFY SERVICES AND EXPENDITURES OR DAYS OF CARE SPENDITURES SUMMARY OF SERVICE SERVICES FOR NO DAYS OF CARE SPENDITURES SPENDITURE	HOSPITAL BASED	0			.00	.000	.00	.00
HOSPITAL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HEMODIALYSIS CENTER	0	0		.00	.000	.00	
HOSPITAL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
INDEPENDENT FACILITY		0	0		•			•
©LABORATORY FACILITY 0 0 \$.00 \$.00 <t< td=""><td></td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td></t<>		0	0					
PATHOLOGY 0 0 0 .00 .00 .000 .000 .00 .00 .00 .0		0						
XO AND OTHERS		0	- т		•			
@ORGANIZED OUTPATIENT CLINIC 3 \$ 3 \$ 485.22 \$ 161.74 .024 \$ 161.74 \$ 3.88 CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	_					
CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		3						
SURGICENTER 0 0 .00		0	0 2 Å		•	·		
HEROIN DETOX CLINIC 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
RURAL HEALTH CLINIC 3 3 3 485.22 161.74 .024 161.74 3.88 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,256 MOP024 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13 MONTHLY AVERAGE 125 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE		•	•					
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,256 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13 MONTHLY AVERAGE 125 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE								
MOP024 FEE-FOR-SERVICE/DENTAL SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13 MONTHLY AVERAGE 125 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE								
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13 MONTHLY AVERAGE 125 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE				MONTH-OF-PAYMENT F	EPORT FOR JAN	2003 THRU DE	C 2003	
MONTHLY AVERAGE 125 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE						1.2		01/29/04
125 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	SANTA BARBARA COUN	SUMMARY OF SER	VICES FOR MN - LONG	TERM CARE - AGED	AID CODE			~-
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	105							
	125 ELIGIBLES	USERS		EXPENDITURES				
@ALL OTHER PROVIDERS 20 7,687 \$ 7,761.64 \$ 1.01 61.496 \$ 388.08 \$ 62.09								
	@ALL OTHER PROVIDERS	20	7,687 \$	7,761.64	\$ 1.01	61.496 Ş	388.08	\$ 62.09

DURABLE MED. EQUIP.	4	13		4,323.38	332	.57	.104	1080.85	34.59
BLOOD BANK	0	0		.00		.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		1,237.55	1237	.55	.008	1237.55	9.90
MEDICAL TRANSPORTATION	2	19		63.51	3	.34	.152	31.76	.51
AMBULANCES/AIR TRANS	1	1		7.41		.41	.008	7.41	.06
OTHER TRANS	1	18		56.10	3	.12	.144	56.10	.45
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00	.00
OPTICIAN	0	0		.00		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00	.00
PORTABLE X-RAY	1	1		1.38	1	.38	.008	1.38	.01
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	11		534.10	48	.55	.088	106.82	4.27
HOSPICE SERVICES	0	0		.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	8	7,642		1,601.72		.21	61.136	200.22	12.81
@CALIF. CHILDREN SERVICES*	0	0	\$.00	•	.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	52	75	\$	14,006.96	\$ 186	.76	.600	\$ 269.36	\$ 112.06
@* TOTALS IN THESE LINES ARE CIVI	EN AS A SEPARATE	TNFORMATION	TTEM ONLY:						

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,257
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

MONTHLY AVERAGE							
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10	43 \$	4,546.66	\$ 105.74	.000 \$	454.67	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
INTINCTE WIT DOMOROM	0	O	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	3	4	\$	1,567.81	\$	391.95	.000	\$	522.60	\$.00
PRESCRIPTION DRUGS	3	4	•	1,567.81		391.95	.000	•	522.60	•	.00
SNF/ICF	2	2		601.97		300.99	.000		300.99		.00
OUTPATIENTS	1	2		965.84		482.92	.000		965.84		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	6	36	\$	2,420.00	\$	67.22	.000	\$	403.33	\$.00
VISITS - DIAGNOSTIC	3	16		200.00		12.50	.000		66.67		.00
ORAL SURGERY	2	14		736.00		52.57	.000		368.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	2		304.00		152.00	.000		304.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	4		1,180.00		295.00	.000		590.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITU	RES MO	NTH-OF-PAYMENT RE	PORT	FOR JAN 2	2003 THRU	DEC	2003		E 13,258
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	MN - L	ONG TE	RM CARE - BLIND		AID CODE	23				

DANTA DARDARA COUN	DOMINANT OF DERIVE	.CEO FOR	11111	NG II	IKIN CAKE	שודווט		AID CODE	23				
									MO	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPEND	ITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS	OF CARE				PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0			.00		.00	.000		.00		.00
EYE APPLIANCES	0		0			.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0			.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0			.00		.00	.000		.00		.00
OTHER SERVICES	0		0			.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0			.00		.00	.000		.00		.00
SURGERY/ANES.	0		0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0			.00		.00	.000		.00		.00
OTHER	0		0			.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN 200	3 THRU DEC	2003	PAGE 13,259
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	MN - LONG	F TERM CARE - BLIND	AID CODE 23	3		
					MONTH	LY AVERAG	E

					MON	THLY AVERAGE	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$ 558.85	\$ 186.28	.000	\$ 279.43	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

.00 0 .00 .000 SURGICENTER 0 .00 .00 .000 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .000 279.43 RURAL HEALTH CLINIC 2 3 558.85 186.28 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 13,260 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

SANIA BARBARA COUN	SUMMARY OF SERV	TCES FOR MIN - L	UNG .	IEKM CAKE - BLIND	AID CODE	23		
						MON	ITHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP*		0	\$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION	TTEM	ONLY;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,261 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

DIMITIT DIMEDIMENT COCK	001111111111111111111111111111111111111					0.5		
						MON	ITHLY AVERA	GE
137 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	291	17,957	\$	675,396.51	\$ 37.61	131.073 \$	2320.95	\$ 4929.90
@PHYSICIANS SERVICES	37	172	\$	5,211.94	\$ 30.30	1.255 \$	140.86	\$ 38.04
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	15	111		4,432.76	39.93	.810	295.52	32.36
HOSPITAL VISITS	11	73		2,758.86	37.79	.533	250.81	20.14
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	5	38		1,673.90		44.05	.277	334.78		12.22
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	1	7		136.04		19.43	.051	136.04		.99
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	1	7		136.04		19.43	.051	136.04		.99
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	6	10		121.55		12.16	.073	20.26		.89
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	21	44		521.59		11.85	.321	24.84		3.81
@PHARMACY	141	11,943	\$	88,981.88	\$	7.45	87.175	631.08	\$	649.50
PRESCRIPTION DRUGS	137	830		86,761.23		104.53	6.058	633.29		633.29
SNF/ICF	130	817		85,974.41		105.23	5.964	661.34		627.55
OUTPATIENTS	7	13		786.82		60.52	.095	112.40		5.74
MEDICAL SUPPLIES	15	11,113		2,220.65		.20	81.117	148.04		16.21
@DENTIST	94	364	\$	14,651.80	\$	40.25	2.657	155.87	\$	106.95
VISITS - DIAGNOSTIC	81	276		4,193.00		15.19	2.015	51.77		30.61
ORAL SURGERY	7	22		661.00		30.05	.161	94.43		4.82
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	22	34		6,400.00		188.24	.248	290.91		46.72
ENDODONTICS	1	1		215.00		215.00	.007	215.00		1.57
RESTORATIVE DENTISTRY	5	16		869.00		54.31	.117	173.80		6.34
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	5	13		2,313.80		177.98	.095	462.76		16.89
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	2	2		.00		.00	.015	.00		.00
#CALIF DEPT OF HEALTH SERV			TURES	MONTH-OF-PAYMENT F	REPORT	r for jan 2	2003 THRU DI	EC 2003	P	AGE 13,262
MOP024	FEE-FOR-SERVICE									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR MN -	LONG	TERM CARE - DISABI	LED	AID CODE				
							MON			
137 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES			UNITS/DAYS	COST PER		COST PER
		OR DAYS OF C				R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	12	28	\$	524.84	\$	18.74	.204		\$	3.83
DIAGNOSTIC AND ANC. PROCED	3	3		72.78		24.26	.022	24.26		.53
EYE APPLIANCES	9	25		452.06		18.08	.182	50.23		3.30
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	15	17	\$	60.43	\$	3.55	.124		\$.44
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
CIDCEDY / NEC	Λ	Λ		0.0		0.0	000	0.0		0.0

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SURGERY/ANES.

OTHER

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

FAMILY NURSE PRACTITIONER	0	0 \$		\$.00		\$.00	\$.00
@TOTAL HOSPITAL	8	69 \$	- ,	\$ 45.25		\$ 390.24	
HOSP INPATIENT TOTAL	5	35	2,842.42	81.21	.255	568.48	20.75
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	35	2,842.42	81.21	.255	568.48	20.75
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	34	279.53	8.22	.248	93.18	2.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	34	279.53	8.22	.248	93.18	2.04
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU D	EC 2003	PAGE 13,263
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR MN - LONG	TERM CARE - DISABL	ED AID COD	E 63		
					MO	NTHLY AVERAG	GE
137 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER

13/ ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 8 69 3,121.95 45.25 .504 \$ 390.24 \$ 22.79 81.21 35 2,842.42 .255 568.48 20.75 COMM HOSP INPATIENT TOTAL 5 HSC HOSPITALS Ω 0 .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL 0 .00 .00 .000 .00 .00 ACCOMMODATIONS 0 .00 .00 .000 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 .00 .000 TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 0 .00 ALL OTHER ACCOM .00 .00 .000 .00 ANCILLARIES 0 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 35 2,842.42 81.21 .255 568.48 20.75 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 3 279.53 8.22 2.04 COMM HOSP OUTPATIENT TOTAL 34 .248 93.18 .00 .00 .000 .00 .00 MEDICAL SURGERY 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .00 PATHOLOGY .000 RADIOLOGY 0 0 .00 .00 .000 .00 .00 0 ROOM USE 0 .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPTNT	3	34		279.53		8.22	.248		93.18		2.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	115	3,313	\$	541,616.10	\$	163.48	24.182	\$	4709.71	\$	3953.40
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	16	502		291,195.14		580.07	3.664		18199.70		2125.51
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	99	2,811		250,420.96		89.09	20.518		2529.50		1827.89
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	4	\$	57.13	\$	14.28	.029	\$	57.13	\$.42
PATHOLOGY	1	4		57.13		14.28	.029		57.13		.42
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	30	36	\$	6,450.81	\$	179.19	.263	\$	215.03	\$	47.09
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	30	36		6,450.81		179.19	.263		215.03		47.09
#CALIF DEPT OF HEALTH SERV			URES I	MONTH-OF-PAYMENT R	EPOR'	r for Jan	2003 THRU	DEC	2003	P	AGE 13,264
MOP024	FEE-FOR-SERVICE										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR MN - 1	LONG '	TERM CARE - DISABL	ED	AID CODE					
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127 51 101 50	TIGER	INTERC OF CERTIFIC					- TINTE		COCH DED		COCH DED

					MON	ITHLY AVERA	GE
137 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	33	2,011 \$	14,719.63	\$ 7.32	14.679 \$	446.05	\$ 107.44
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	442	1,443.72	3.27	3.226	240.62	10.54
AMBULANCES/AIR TRANS	2	6	243.23	40.54	.044	121.62	1.78
OTHER TRANS	3	423	1,187.55	2.81	3.088	395.85	8.67
OTHER SERVICES	1	13	12.94	1.00	.095	12.94	.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	8	163	11,282.37	69.22	1.190	1410.30	82.35
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	6	32.65	5.44	.044	10.88	.24
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	17	394.47	23.20	.124	197.24	2.88
SPEECH AND AUDIOLOGY	10	26	1,215.82	46.76	.190	121.58	8.87
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	20.80	10.40	.015	20.80	.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	9	1,355		329.80		.24	9.891		36.64		2.41
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP*	* 55	1,197	\$	13,066.66	\$	10.92	8.737	\$	237.58	\$	95.38
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARATE	INFORMATION I	TEM ONLY	;							
THE AMOUNTS ARE ALREADY I	NCLUDED IN THE APPRO	PRIATE DETAIL	LINES ABO	OVE.							
** THESE DATA ARE INCLUDED	IN THE APPROPRIATE D	ETAIL LINES ABO	OVE.								
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MONTH-	-OF-PAYMENT RI	EPORT	FOR JAN 2	2003 THRU	DEC	2003	PA	GE 13,265
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICE	S FOR MN - LOI	NG TERM (CARE - FAMILII	ES D	ISCONTINU	JED				
							M	ONTH	ILY AVERA	GE -	
00 ELIGIBLES	USERS UN	ITS OF SERVICE	I	EXPENDITURES	AVER	AGE COST	UNITS/DAY	s c	OST PER	C	OST PER
	0	R DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	Ô	0	.00	.00	.000	.00	.00
	0	0					.00
PREVENTIVE CARE	U	U	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0					
EXAMINATIONS	U	U	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	Ü	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	Õ	0	.00	.00	.000	.00	.00
	0	0					
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	Ü	Ü	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	Ů.	0 \$		\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	Õ	0	.00	.00	.000	.00	.00
	0	0					
SNF/ICF	0	-	.00	.00	.000	.00	.00
OUTPATIENTS	U	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	Ü	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$		\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00			
PROSTHETICS	U	U	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MON					PAGE 13,266
MOP024	FEE-FOR-SERVICE/		111 01 1111111111 1111	0111 1 011 0111 1			01/29/04
		CES FOR MN - LONG TER	M CADE EAMTITEC	DICCOMPINI	תפו		01/25/04
SANIA BARBARA COUN	SUMMARI OF SERVI	LES FOR MIN - LONG TER	M CARE - FAMILIES		MONTH	LA VALEDAG.	D
00 ELIGIDIES	HOEDO	INTEG OF GEDVICE	EXPENDIBLE				
00 ELIGIBLES	USERS	JNITS OF SERVICE			UNITS/DAYS CO		COST PER
	_	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$		\$.00	.000 \$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$		\$.00	.000 \$.00	
VISITS	0	0	.00	.00	.000	.00	.00
	· ·	Ŭ	. 50				

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0 4	.00	.00	.000	.00	.00
	0	0					
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0 4	.00	\$.00	.000 \$		\$.00
	0	U Ş		•			•
NURSE MIDWIFE	Ü	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0 4	.00	.00	.000	.00	.00
	0	0					
HSC HOSPITALS	Ü	Ü	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	Ü	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.000		
	0	U	.00			.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0	0 6					
@COUNTY HOSPITAL TOTAL	U	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ô	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00				.00
CO HOSP OUTPATIENT TOTAL	0	U		.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0					
CROSSOVERS/ALL OTH OUTPTNT	ŭ	00	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES N	IONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 13,267
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR MN - LONG T	CERM CARE - FAMILIE	S DISCONTIN	UED		
			_		MONT	HLY AVERAG	F
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	MITERACE COCT	UNITS/DAYS		COST PER
AA FITGIDIES	CALCU		FVLFMDTIOKFD				
- GOVERNMENT 110 CT	2	OR DAYS OF CARE	2.2	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	•	•	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	Ο	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	Ü	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
	0	_					
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
	U	U					
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
LEV B-REGULAR	U	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
	0	_					
ICF DDN/DDCN	Ü	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
	0						
@REHABILITATION FACILITY	Ü	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$					
	U	- T	.00	•	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0 4		•	•		•
CLINIC	Ü	U	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
	•	ŭ					
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO	NIH-OF-PAYMENI RE	EPORI FOR JAN A	ZUUS IHRU DE	2003	PAGE 13,268
MOP024	FEE-FOR-SERVIC	I/DENTAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR MN - LONG TE	RM CARE - FAMILIE	ES DISCONTINU	JED		
					MON'	THIV AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
OO ELIGIBLES	USERS		EAPENDITURES				
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
BLOOD BANK				.00			
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
	· ·	· ·					
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	Ő	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,269
MOP024 FEE-FOR-SERVICE/DENTAL
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

----- MONTHLY AVERAGE -----262 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 30,731 117.294 \$ 1351.25 \$ 4053.76 @TOTAL, ALL PROVIDERS 786 1,062,085.60 34.56 \$ \$ @PHYSICIANS SERVICES 55 197 \$ 5,570.38 \$ 28.28 .752 \$ 101.28 21.26 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 OFFICE VISITS .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 0 .00 .00 .000 .00 .00 0 .00 .000 .00 OTHER OUTPATIENT .00 .00 INPATIENT VISITS 111 4,432.76 295.52 39.93 .424 16.92 HOSPITAL VISITS 11 73 2,758.86 37.79 .279 250.81 10.53 CRITICAL CARE 0 .00 .00 .000 .00 .00 1,673.90 44.05 SNF/ICF/TRANS IP CARE 38 .145 334.78 6.39 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 **EXAMINATIONS** 0 .00 .00 .000 .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY 136.04 19.43 .027 136.04 .52 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON ANESTHESIOLOGIST 136.04 19.43 .027 136.04 .52 0 .00 .00 .00 DIALYSIS .000 .00 PATHOLOGY 0 .00 .00 .000 .00 .00 RADIOLOGY 10 121.55 12.16 .038 20.26 .46 0 .00 .00 .000 .00 **PSYCHIATRY** .00 IMMUNIZATION AND INJECTION 0 .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS 39 69 880.03 12.75 .263 22.56 3.36 @PHARMACY 293 12,729 129,542.91 10.18 48.584 442.13 494.44 1,605 126,982.15 79.12 6.126 442.45 PRESCRIPTION DRUGS 484.66 272 1,576 124,067.92 78.72 6.015 456.13 473.54 SNF/ICF 29 OUTPATIENTS 15 2,914.23 100.49 .111 194.28 11.12 22 11,124 2,560.76 .23 42.458 MEDICAL SUPPLIES 116.40 9.77 @DENTIST 399 1,357 71,651.05 52.80 5.179 \$ 179.58 \$ 273.48

VISITS - DIAGNOSTIC	304	915	15,781.25	17.25	3.492	51.91	60.23
ORAL SURGERY	29	152	7,162.00	47.12	.580	246.97	27.34
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.008	100.00	.76
PERIODONTICS	54	67	12,759.00	190.43	.256	236.28	48.70
ENDODONTICS	3	4	860.00	215.00	.015	286.67	3.28
RESTORATIVE DENTISTRY	19	48	4,098.00	85.38	.183	215.68	15.64
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	73	167	30,790.80	184.38	.637	421.79	117.52
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	2	.00	.00	.008	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan	2003 THRU DEC	2003	PAGE 13,270
MOP024	FEE-FOR-SERVICE/DENTAL	_					01/29/04

SANTA BARBARA COUN	SUMMARY OF SERVICES	S FOR MN - LON	G TERM	CARE - TOTAL							
0.50							MC				
262 ELIGIBLES		ITS OF SERVICE		EXPENDITURES			UNITS/DAYS	S C	OST PER		COST PER
		R DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	16		\$	675.15	\$	19.86	.130	\$		\$	2.58
DIAGNOSTIC AND ANC. PROCED	4	4		96.51		24.13	.015		24.13		.37
EYE APPLIANCES	12	30		578.64		19.29	.115		48.22		2.21
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	33	38	\$	190.09	\$	5.00	.145	Ś		\$.73
MEDICINE/INJECTIONS	0	0	т	.00	т.	.00	.000	-	.00	т.	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	Ŏ		.00		.00	.000		.00		.00
OTHER	33	38		190.09		5.00	.145		5.76		.73
@HOME HEALTH AGENCY	0		\$.00	\$.00		\$		\$.00
	0	0	٠ ب	.00			.000			-	.00
NURSE ANESTHESIST	0		ې د		\$.00		\$		\$	
NURSE MIDWIFE		0	Ş	.00	Ş	.00	.000	\$		\$.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$.00	.000	\$		\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00		\$		\$.00
@TOTAL HOSPITAL	16	153	Ş	6,549.56	\$	42.81	.584	Ş		\$	25.00
HOSP INPATIENT TOTAL	10	91		5,968.17		65.58	.347		596.82		22.78
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	10	91		5,968.17		65.58	.347		596.82		22.78
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	62		581.39		9.38	.237		96.90		2.22
MEDICAL	Ö	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	Õ		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ROOM USE	6	62									2.22
CROSSOVERS/ALL OTH OUTPTNT	0		d.	581.39	4	9.38	.237	4	96.90	۲.	
@COUNTY HOSPITAL TOTAL			\$.00	\$.00	.000	Þ		\$.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	Ō		.00		.00	.000		.00		.00
PATHOLOGY	0	Ō		.00		.00	.000		.00		.00
RADIOLOGY	0	Ô		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	v	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	•	S MONT		ייא רעי)EC		D:	AGE 13,271
MOP024	FEE-FOR-SERVICE/DE		C PIONI	II OI IIIIIIIIII KE	11 01(1	1010 01110 2	.005 11110 1		1000		01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL SANTA BARBARA COUN SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

							M	TNC	HLY AVERA	GE	
262 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST			COST PER	-	COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	153	\$	6,549.56	\$	42.81	.584	\$	409.35	\$	25.00
COMM HOSP INPATIENT TOTAL	10	91		5,968.17		65.58	.347		596.82		22.78
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	10	91		5,968.17		65.58	.347		596.82		22.78
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6	62		581.39		9.38	.237		96.90		2.22
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	U	0		.00		.00	.000		.00		.00
PATHOLOGY	U	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	6	62 0	ė.	581.39	۲.	9.38	.237	۲,	96.90	۲,	2.22
@STATE HOSPITAL	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
MENTALLY ILL DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00 .00
@NURSING FACILITY	221	ŭ	\$	817,873.18	\$	126.23	24.729	۲,	3700.78	بن	3121.65
LEV A-INTERMEDIATE	0	6,479 0	Ş	.00	Ą	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	16	502		291,195.14		580.07	1.916		18199.70		1111.43
LEV B SOBACOTE HISTID BASED	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	205	5,977		526,678.04		88.12	22.813		2569.16		2010.22
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	٧	.00	Y	.00	.000	٧	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	•	.00	.000	•	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	•	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	4	\$	57.13	\$	14.28	.015	\$	57.13	\$.22
PATHOLOGY	1	4		57.13		14.28	.015		57.13		.22
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	35	42	\$	7,494.88	\$	178.45	.160	\$	214.14	\$	28.61
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	35	42		7,494.88		178.45	.160		214.14		28.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	MONTH-OF-PAYMENT RE	EPOR:	r for Jan :	2003 THRU	DEC	2003	E	PAGE 13,272
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR MN - LOI	NG I	TERM CARE - TOTAL							
							M				
262 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	53	9,698	\$	22,481.27	\$	2.32	37.015	\$	424.17	\$	85.81
DURABLE MED. EQUIP.	4	13		4,323.38		332.57	.050		1080.85		16.50
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		1,237.55		1237.55	.004		1237.55		4.72
MEDICAL TRANSPORTATION	8	461		1,507.23		3.27	1.760		188.40		5.75

AMBULANCES/AIR TRANS	3	7	250.64	35.81	.027	83.55	.96
OTHER TRANS	4	441	1,243.65	2.82	1.683	310.91	4.75
OTHER SERVICES	1	13	12.94	1.00	.050	12.94	.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	8	163	11,282.37	69.22	.622	1410.30	43.06
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	7	34.03	4.86	.027	8.51	.13
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	17	394.47	23.20		197.24	1.51
SPEECH AND AUDIOLOGY	15	37	1,749.92	47.30	.141	116.66	6.68
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	20.80	10.40	.008	20.80	.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	8,997	1,931.52	.21	34.340	113.62	7.37
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	107	1,272	\$ 27,073.62	\$ 21.28	4.855	\$ 253.02	\$ 103.33

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,273 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

DINVIII BINGBINGI COOK	BOILING OF BEIG	VICED FOR THEFTCHEEF WE	11010		MON	miii 17 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CE
1,010 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	_	THLY AVERA COST PER	COST PER
1,010 EDIGIBLES	CALCU	OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY	,	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,541	46,795 \$	1,464,176.92	\$ 31.29	46.332 \$		
@PHYSICIANS SERVICES	159	640 \$	25,953.26	\$ 40.55	.634 \$		\$ 25.70
OUTPATIENT VISITS	55	66	5,672.47	85.95	.065	103.14	5.62
OFFICE VISITS	22	3	85.50	28.50	.003	42.75	.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	52	62	5,520.81	89.05	.061	106.17	5.47
PREVENTIVE CARE	0	02	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	66.16	66.16		66.16	
INPATIENT VISITS	26	120		46.60	.001	247.36	.07 6.37
		138	6,431.36		.137		
HOSPITAL VISITS	26	133	5,886.06	44.26	.132	226.39	5.83
CRITICAL CARE	4	5	545.30	109.06	.005	136.33	.54
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	14	82	3,269.44	39.87	.081	233.53	3.24
PRINCIPAL SURGEON	6	10	1,615.58	161.56	.010	269.26	1.60
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	72	1,653.86	22.97	.071	206.73	1.64
OUTPATIENT SURGERY	4	4	373.99	93.50	.004	93.50	.37
PRINCIPAL SURGEON	4	4	373.99	93.50	.004	93.50	.37
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	2	3	675.12	225.04	.003	337.56	.67
PATHOLOGY	15	28	1,309.28	46.76	.028	87.29	1.30

RADIOLOGY	52	174		4,472.57		25.70	.172		86.01		4.43
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	74	145		3,749.03		25.86	.144		50.66		3.71
@PHARMACY	311	10,355	\$	66,958.07	\$	6.47	10.252	\$	215.30	\$	66.30
PRESCRIPTION DRUGS	294	1,199		64,445.53		53.75	1.187		219.20		63.81
SNF/ICF	145	772		37,963.20		49.18	.764		261.82		37.59
OUTPATIENTS	150	427		26,482.33		62.02	.423		176.55		26.22
MEDICAL SUPPLIES	24	9,156		2,512.54		.27	9.065		104.69		2.49
@DENTIST	912	3,608	\$	174,730.25	\$	48.43	3.572	\$	191.59	\$	173.00
VISITS - DIAGNOSTIC	578	2,073		29,330.25	•	14.15	2.052	•	50.74	•	29.04
ORAL SURGERY	132	529		22,625.00		42.77	.524		171.40		22.40
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	8	9		500.00		55.56	.009		62.50		.50
PERIODONTICS	71	73		12,079.00		165.47	.072		170.13		11.96
ENDODONTICS	22	30		7,195.00		239.83	.030		327.05		7.12
RESTORATIVE DENTISTRY	155	422		30,881.00		73.18	.418		199.23		30.58
PROSTHETICS	4	4		140.00		35.00	.004		35.00		.14
DENTURES, STAYPLATES	189	439		71,980.00		163.96	.435		380.85		71.27
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	2		.00		.00	.002		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	18	27		.00		.00	.027		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES		EPOR			DEC		P^{I}	AGE 13,274
MOP024	FEE-FOR-SERVICE/DEN		~		-						01/29/04
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SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

						M	CNO	THLY AVERA	GE	
1,010 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	9	22	\$ 375.69	\$	17.08	.022	\$	41.74	\$.37
DIAGNOSTIC AND ANC. PROCED	2	2	59.32		29.66	.002		29.66		.06
EYE APPLIANCES	6	14	302.63		21.62	.014		50.44		.30
OTHER OPTOMETRIC SERVICES	1	6	13.74		2.29	.006		13.74		.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	18	21	\$ 129.66	\$	6.17	.021	\$	7.20	\$.13
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	18	21	129.66		6.17	.021		7.20		.13
@HOME HEALTH AGENCY	1	1	\$ 74.86	\$	74.86	.001	\$	74.86	\$.07
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	102	710	\$ 544,545.55	\$	766.97	.703	\$	5338.68	\$	539.15
HOSP INPATIENT TOTAL	49	298	536,140.14		1799.13	.295		10941.64		530.83
HSC HOSPITALS	1	1	1,195.00		1195.00	.001		1195.00		1.18
NON-HSC HOSPITAL TOTAL	35	239	527,883.87		2208.72	.237		15082.40		522.66
ACCOMMODATIONS	35	239	149,345.62		624.88	.237		4267.02		147.87
ADMINISTRATIVE DAYS	2	8	1,098.68		137.34	.008		549.34		1.09
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	33	231	148,246.94		641.76	.229		4492.33		146.78
ANCILLARIES	35	0	378,538.25		.00	.000		10815.38		374.79
INPATIENT CROSSOVERS	13	58	7,061.27		121.75	.057		543.17		6.99
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	56	412	8,405.41		20.40	.408		150.10		8.32
MEDICAL	14	18	801.34		44.52	.018		57.24		.79

SURGERY PATHOLOGY	1 33	1 185	10.75 1,731.51	10.75 9.36	.001 .183	10.75 52.47	.01 1.71
RADIOLOGY	31	49	3,497.79	71.38	.049	112.83	3.46
ROOM USE	25	28	993.41	35.48	.028	39.74	.98
CROSSOVERS/ALL OTH OUTPTNT	35	131	1,370.61	10.46	.130	39.16	1.36
@COUNTY HOSPITAL TOTAL	2	2	\$ 1,266.37	\$ 633.19	.002	\$ 633.19	\$ 1.25
CO HOSPITAL INPATIENT TOTAL	1	1	1,195.00	1195.00	.001	1195.00	1.18
HSC HOSPITALS	1	1	1,195.00	1195.00	.001	1195.00	1.18
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	1	1		71.37		71.37	.001		71.37		.07
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	Ô	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	· ·	0									
CROSSOVERS/ALL OTH OUTPTNT	_			71.37		71.37	.001		71.37	_	.07
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT R	EPOK.I.	FOR JAN	2003 THRU	DEC	2003	Р	AGE 13,275
MOP024	FEE-FOR-SERVICE										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR MEDICAL	LLY NI	EEDY – AGED							
							M				
1,010 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	1	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	100	708	\$	543,279.18	\$	767.34	.701	\$	5432.79	\$	537.90
COMM HOSP INPATIENT TOTAL	48	297	•	534,945.14	·	1801.16	.294		11144.69		529.65
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	35	239		527,883.87		2208.72	.237		15082.40		522.66
ACCOMMODATIONS	35	239		149,345.62		624.88	.237		4267.02		147.87
ADMINISTRATIVE DAYS	2	8		1,098.68		137.34	.008		549.34		1.09
	0	0		•							
TRANSITIONAL IP CARE				.00		.00	.000		.00		.00
ALL OTHER ACCOM	33	231		148,246.94		641.76	.229		4492.33		146.78
ANCILLARIES	35	0		378,538.25		.00	.000		10815.38		374.79
INPATIENT CROSSOVERS	13	58		7,061.27		121.75	.057		543.17		6.99
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	55	411		8,334.04		20.28	.407		151.53		8.25
MEDICAL	14	18		801.34		44.52	.018		57.24		.79
SURGERY	1	1		10.75		10.75	.001		10.75		.01
PATHOLOGY	33	185		1,731.51		9.36	.183		52.47		1.71
RADIOLOGY	31	49		3,497.79		71.38	.049		112.83		3.46
ROOM USE	25	28		993.41		35.48	.028		39.74		.98
CROSSOVERS/ALL OTH OUTPTNT		130		1,299.24		9.99	.129		38.21		1.29
@STATE HOSPITAL	0	0	\$.00	Ġ	.00	.000	Ġ	.00	Ġ	.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	0									
DEVELOP. DISABLED		-		.00	4	.00	.000	4	.00		.00
@NURSING FACILITY	110	3,183	\$	279,187.95	Ş	87.71	3.151	\$	2538.07	Ş	276.42
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	110	3,183		279,187.95		87.71	3.151		2538.07		276.42
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	460	\$	13,988.66	Ś	30.41	.455	\$	2331.44	Ś	13.85
HOSPITAL BASED	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	6	460		13,988.66		30.41	.455		2331.44		13.85
	0	0	4		Ś			۲,		4	
@REHABILITATION FACILITY	· ·		Ş		Ş	.00	.000	Ş		Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	186	\$	1,246.12	\$	6.70	.184	\$	124.61	\$	1.23
PATHOLOGY	10	186		1,246.12		6.70	.184		124.61		1.23
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,077	1,499	\$	255,021.41	\$	170.13	1.484	\$	236.79	\$	252.50
CLINIC	2	9		823.83		91.54	.009		411.92		.82
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,075	1,490		254,197.58		170.60	1.475		236.46		251.68
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT R	EPORT			DEC		Þ	AGE 13,276
"OTTE DELI OF HUMBIN ONKY	CILL DERVIC	1110 _111 _1101 101		51.111 O1 1111111111 IV	0.(1	2 010 0111		210	1003	-	1.50 15,270

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

					MOI	NTHLY AVERAC	GE
1,010 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	179	26,110 \$	101,965.44	\$ 3.91	25.851	\$ 569.64	\$ 100.96
DURABLE MED. EQUIP.	4	13	4,323.38	332.57	.013	1080.85	4.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	1,237.55	1237.55	.001	1237.55	1.23
MEDICAL TRANSPORTATION	31	231	2,977.52	12.89	.229	96.05	2.95
AMBULANCES/AIR TRANS	30	213	2,921.42	13.72	.211	97.38	2.89
OTHER TRANS	1	18	56.10	3.12	.018	56.10	.06
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	70	1,124	77,420.61	68.88	1.113	1106.01	76.65
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	43	151	11,566.85	76.60	.150	269.00	11.45
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	135.79	22.63	.006	67.90	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	1.38	1.38	.001	1.38	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	11	534.10	48.55	.011	106.82	.53
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	24	24,572	3,768.26	.15	24.329	157.01	3.73
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	78	177 \$	19,714.86	\$ 111.38	.175	\$ 252.75	\$ 19.52
@* TOTALS IN THESE LINES ARE CIV	FN AC A CFDAPA	TE THEODMATION TIEM ONI.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,277
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----04 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 78.84 26.000 \$ 292.82 \$ 2049.75 @TOTAL, ALL PROVIDERS 28 104 8,199.01 \$ Ω .00 .00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 0 .00 .00 .000 .00 .00 OUTPATIENT VISITS .00 OFFICE VISITS 0 0 .00 .000 .00 .00 .00 0 .00 .000 .00 .00 HOME VISITS 0 0 .00 .00 .000 .00 EMERGENCY ROOM .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 CRITICAL CARE SNF/ICF/TRANS IP CARE 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 .000 0 .00 .00 .000 .00 .00 **EXAMINATIONS** SERVICES AND MATERIALS .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	3	4	\$	1,567.81	\$	391.95	1.000	\$	522.60	\$	391.95
PRESCRIPTION DRUGS	3	4		1,567.81		391.95	1.000		522.60		391.95
SNF/ICF	2	2		601.97		300.99	.500		300.99		150.49
OUTPATIENTS	1	2		965.84		482.92	.500		965.84		241.46
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	9	57	\$	2,670.00	\$	46.84	14.250	\$	296.67	\$	667.50
VISITS - DIAGNOSTIC	6	37	•	450.00	•	12.16	9.250		75.00		112.50
ORAL SURGERY	2	14		736.00		52.57	3.500		368.00		184.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	2		304.00		152.00	.500		304.00		76.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	4		1,180.00		295.00	1.000		590.00		295.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES N	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU	DEC	2003	Ρ	AGE 13,278
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR MEDICAL	LLY 1	NEEDY - BLIND							
							M	IONTI	HLY AVERA	GE	
04 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	r UNITS/DAY	S (COST PER		COST PER

					111111 1111111111	
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0	0 \$.00	\$.00	.000 \$.00	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0		.00		.00	.00
0	0 \$					\$.00
0	0		.00			.00
0	0		.00			.00
0	0 \$					\$.00
0	0		.00			.00
0	0		.00			.00
0	0					.00
0	0					.00
0	0 \$					\$.00
0	0 \$		•			\$.00
0	0 \$		•			\$.00
0	0 \$					\$.00
0	0 \$					\$.00
0	0 \$					\$.00
0	0 \$		•			.00
0	0					.00
U	U	.00	.00	.000	.00	.00
	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 \$ 0 0 0 0 0 0	OR DAYS OF CARE 0	OR DAYS OF CARE 0 \$.00	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER ELIG 0 0 \$.00 \$.00 .00 .00 .00 \$.00 \$.00 \$.00	USERS UNITS OF SERVICE OR DAYS EXPENDITURES AVERAGE COST UNITS/DAYS PER UNIT/DAY COST PER USER 0 0 \$.00 \$.00 </td

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS		U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	Ô	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	Ü	Ü	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	Ü	U	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	n	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	U	0					
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	n	n	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
TRANSITIONAL IP CARE	U	U			.000		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	Ô	.00	.00	.000	.00	.00
	0	0					
CO HOSP OUTPATIENT TOTAL	U	U	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	Ô	.00	.00	.000	.00	.00
	Õ	0					
ROOM USE	0	0	.00	.00	.000	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPINT		0	.00	.00	.000	.00	.00
ROOM USE		0 0 0 S AND EXPENDITURES MON	.00	.00	.000	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPINT		S AND EXPENDITURES MON	.00	.00	.000	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/	S AND EXPENDITURES MON	.00 .00 TH-OF-PAYMENT RE	.00	.000	.00	.00 .00 PAGE 13,279
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE/	S AND EXPENDITURES MON	.00 .00 TH-OF-PAYMENT RE	.00	.000 .000 2003 THRU DEC	.00 .00 2003	.00 .00 PAGE 13,279 01/29/04
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES MON DENTAL CES FOR MEDICALLY NEE	.00 .00 TH-OF-PAYMENT RE DY - BLIND	.00 .00 PORT FOR JAN	.000 .000 2003 THRU DEC	.00 .00 2003	.00 .00 PAGE 13,279 01/29/04
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/	S AND EXPENDITURES MON DENTAL CES FOR MEDICALLY NEE UNITS OF SERVICE	.00 .00 TH-OF-PAYMENT RE	.00 .00 PORT FOR JAN AVERAGE COST	.000 .000 2003 THRU DEC MONT UNITS/DAYS	.00 .00 2003 HLY AVERAG	.00 .00 PAGE 13,279 01/29/04 GE COST PER
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 04 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES MON DENTAL CES FOR MEDICALLY NEE UNITS OF SERVICE OR DAYS OF CARE	.00 .00 TH-OF-PAYMENT RE DY - BLIND EXPENDITURES	.00 .00 PORT FOR JAN AVERAGE COST PER UNIT/DAY	.000 .000 2003 THRU DEC MONT UNITS/DAYS PER ELIG	.00 .00 2003 HLY AVERA(COST PER USER	.00 .00 PAGE 13,279 01/29/04 GE COST PER ELIGIBLE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES MON DENTAL CES FOR MEDICALLY NEE UNITS OF SERVICE	.00 .00 TH-OF-PAYMENT RE DY - BLIND	.00 .00 PORT FOR JAN AVERAGE COST	.000 .000 2003 THRU DEC MONT UNITS/DAYS	.00 .00 2003 HLY AVERAG	.00 .00 PAGE 13,279 01/29/04 GE COST PER ELIGIBLE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES MONDENTAL CES FOR MEDICALLY NEE UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 .00 TH-OF-PAYMENT RE DY - BLIND EXPENDITURES .00	.00 .00 PORT FOR JAN AVERAGE COST PER UNIT/DAY \$.00	.000 .000 2003 THRU DEC MONT UNITS/DAYS PER ELIG .000 \$.00 .00 2003 HLY AVERAC COST PER USER .00	.00 .00 PAGE 13,279 01/29/04 GE COST PER ELIGIBLE \$.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	S AND EXPENDITURES MON DENTAL CES FOR MEDICALLY NEE UNITS OF SERVICE OR DAYS OF CARE	.00 .00 TH-OF-PAYMENT RE DY - BLIND EXPENDITURES .00 .00	.00 .00 PORT FOR JAN AVERAGE COST PER UNIT/DAY \$.00 .00	.000 .000 2003 THRU DEC MONT UNITS/DAYS PER ELIG .000 \$.00 .00 2003 HLY AVERA COST PER USER .00 .00	.00 .00 PAGE 13,279 01/29/04 GE COST PER ELIGIBLE \$.00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES MONDENTAL CES FOR MEDICALLY NEE UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 .00 TH-OF-PAYMENT RE DY - BLIND EXPENDITURES .00 .00	.00 .00 PORT FOR JAN AVERAGE COST PER UNIT/DAY \$.00 .00	.000 .000 2003 THRU DEC MONT UNITS/DAYS PER ELIG .000 \$.000 .000	.00 .00 2003 HLY AVERA COST PER USER .00 .00	.00 .00 PAGE 13,279 01/29/04 GE COST PER ELIGIBLE \$.00 .00
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@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	. (0	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.0	0 9	\$.00
PATHOLOGY	0	0	.00		.00	.000	. (0	.00
XO AND OTHERS	0	0	.00		.00	.000	. (0	.00
@ORGANIZED OUTPATIENT CLINIC	15	31 \$	3,816.55	\$	123.11	7.750	\$ 254.4	4 5	\$ 954.14
CLINIC	0	0	.00		.00	.000	. (0	.00
SURGICENTER	0	0	.00		.00	.000	. (0	.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	. (0	.00
RURAL HEALTH CLINIC	15	31	3,816.55		123.11	7.750	254.4	4	954.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 2003		PAGE 13,280
MOP024	FEE-FOR-SERVICE/DEN	TAL							01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - BLIND						
						M	ONTHLY AVE	RAGI	Ξ

						IITLI AVERAGE	
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	12 \$	144.65	\$ 12.05	3.000 \$		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	11	127.14	11.56	2.750	63.57	31.79
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	17.51	17.51	.250	17.51	4.38
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	1	1 \$	17.51	\$ 17.51	.250 \$		4.38
* TOTAL IN THECE LINES ARE CIVEN	T AC A CEDAT	ATE TATE ODMATT ON THEM ONE	77 •			•	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,281
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

DIMITI DIMEDIMEI COON	DOINING OF DER	VICED FOR THEFTCH									
							MO	NTI	HLY AVERA	.GE	
1,005 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	(COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,176	31,104	\$	1,851,550.20	\$	59.53	30.949	\$	582.98	\$	1842.34
@PHYSICIANS SERVICES	178	865	\$	27,668.17	\$	31.99	.861	\$	155.44	\$	27.53
OUTPATIENT VISITS	22	39		1,973.79		50.61	.039		89.72		1.96
OFFICE VISITS	11	21		782.30		37.25	.021		71.12		.78
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	12	16		1,099.97		68.75	.016		91.66		1.09

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	2	2		91.52		45.76	.002		45.76		.09
INPATIENT VISITS	22	127		5,142.81		40.49	.126		233.76		5.12
HOSPITAL VISITS	15	86		3,375.21		39.25	.086		225.01		3.36
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
	8	41		1,767.60		43.11	.041		220.95		1.76
SNF/ICF/TRANS IP CARE											
OPHTHALMOLOGICAL SERVICES	1	1		46.44		46.44	.001		46.44		.05
EXAMINATIONS	1	1		46.44		46.44	.001		46.44		.05
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
	5	25		2,127.85		85.11	.025		425.57		2.12
INPATIENT HOSPITAL SURGERY											
PRINCIPAL SURGEON	2	2		1,577.81		788.91	.002		788.91		1.57
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	23		550.04		23.91	.023		183.35		.55
	6	18									
OUTPATIENT SURGERY	0			750.33		41.69	.018		125.06		. 75
PRINCIPAL SURGEON	4	5		454.30		90.86	.005		113.58		.45
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	13		296.03		22.77	.013		148.02		.29
	8	11		2,475.44		225.04	.011		309.43		2.46
DIALYSIS											
PATHOLOGY	5	14		508.67		36.33	.014		101.73		.51
RADIOLOGY	34	115		5,329.26		46.34	.114		156.74		5.30
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	20		190.00		9.50	.020		190.00		.19
	_										
OTHER SERVICES/ALL X-OVERS	113	495		9,123.58		18.43	.493		80.74		9.08
@PHARMACY	641	14,895	\$	303,244.11	\$	20.36	14.821	\$	473.08	\$	301.74
PRESCRIPTION DRUGS	626	2,787		300,106.85		107.68	2.773		479.40		298.61
SNF/ICF	161	1,067		113,688.50		106.55	1.062		706.14		113.12
OUTPATIENTS	474	1,720		186,418.35		108.38	1.711		393.29		185.49
MEDICAL SUPPLIES	33	12,108		3,137.26		.26	12.048		95.07		3.12
@DENTIST	938	4,036	\$	155,571.55	\$	38.55	4.016	\$	165.85	\$	154.80
VISITS - DIAGNOSTIC	642	2,629	•	32,233.25	·	12.26	2.616		50.21		32.07
	139	302		12,685.25		42.00	.300		91.26		12.62
ORAL SURGERY				•							
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	5	5		145.00		29.00	.005		29.00		.14
PERIODONTICS	79	102		14,956.00		146.63	.101		189.32		14.88
ENDODONTICS	44	57		12,310.00		215.96	.057		279.77		12.25
RESTORATIVE DENTISTRY	246	659		58,124.25		88.20	.656		236.28		57.84
PROSTHETICS	18	20		510.00		25.50	.020		28.33		.51
DENTURES, STAYPLATES	70	219		21,482.80		98.09	.218		306.90		21.38
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
	_										
MAXILLOFACIAL SERVICES	1	1		.00		.00	.001		.00		.00
FRACTURES, DISLOCATIONS	1	4		3,125.00		781.25	.004	3	3125.00		3.11
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	14	38		.00		.00	.038		.00		.00
										ъ.	
#CALIF DEPT OF HEALTH SERV			72 1	MONTH-OF-PAYMENT RE	SPOR.	I FOR JAN .	2003 IHRU I	JEC 2	1003	PI	AGE 13,282
MOP024	FEE-FOR-SERVICE	:/DENTAL									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR MEDICAL	LY]	NEEDY - DISABLED							
							MC	NTHI	Y AVERA	GE -	
1,005 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\7.71	TDACE COCT	UNITS/DAYS				COST PER
I,005 EDIGIBLES	ONERG			EXPENDITORES				,			
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	24	56	\$	1,216.67	\$	21.73	.056	\$	50.69	\$	1.21
DIAGNOSTIC AND ANC. PROCED	11	9		305.67		33.96	.009		27.79		.30
EYE APPLIANCES	19	47		911.00		19.38	.047		47.95		.91
	0	0									
OTHER OPTOMETRIC SERVICES		_		.00	4.	.00	.000		.00	4.	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	32	44	Ċ	368 64	Ċ	8 38	044	Ċ	11 52	Ċ	37

0

0

32

44

0

@PODIATRIST

SURGERY/ANES.

MEDICINE/INJECTIONS

.00

368.64

.00

.00

8.38

.000

.000

.044 \$

11.52 \$

.00

.37

.00

.00

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	32	44	368.64	8.38	.044	11.52	.37
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	112	609		\$ 479.43	.606	\$ 2606.88	\$ 290.52
HOSP INPATIENT TOTAL	62	248	282,745.18	1140.10	.247	4560.41	281.34
HSC HOSPITALS	2	39	52,800.00	1353.85	.039	26400.00	52.54
NON-HSC HOSPITAL TOTAL	20	91	204,355.64	2245.67	.091	10217.78	203.34
ACCOMMODATIONS	20	91	44,873.87	493.12	.091	2243.69	44.65
ADMINISTRATIVE DAYS	2	4	925.20	231.30	.004	462.60	.92
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	87	43,948.67	505.16	.087	2441.59	43.73
ANCILLARIES	20	0	159,481.77	.00	.000	7974.09	158.69
INPATIENT CROSSOVERS	40	118	25,589.54	216.86	.117	639.74	25.46
	0	0		.00			.00
ALL OTHER INPATIENT			.00		.000	.00	
HOSP OUTPATIENT TOTAL	53	361	9,225.54	25.56	.359	174.07	9.18
MEDICAL	12	13	470.16	36.17	.013	39.18	. 47
SURGERY	2	2	113.53	56.77	.002	56.77	.11
PATHOLOGY	18	132	1,257.59	9.53	.131	69.87	1.25
RADIOLOGY	19	30	2,858.66	95.29	.030	150.46	2.84
ROOM USE	16	22	797.08	36.23	.022	49.82	.79
CROSSOVERS/ALL OTH OUTPTNT	34	162	3,728.52	23.02	.161	109.66	3.71
@COUNTY HOSPITAL TOTAL	1	2 \$		\$ 29.00		\$ 57.99	\$.06
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	57.99	29.00	.002	57.99	.06
MEDICAL	1	1	27.99	27.99	.001	27.99	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	30.00	30.00	.001	30.00	.03
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
			MONTH-OF-PAYMENT I				PAGE 13,283
MOP024	FEE-FOR-SERVICE/DI						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICE		NEEDY - DISABLED				01, 25, 01
Britis Britishas Cook	Bornanci or Believice				MC	NTHLY AVERA	GE
1,005 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
1,005 HIIGIDIII		OR DAYS OF CARE	HALL HIND I TOKED	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	111	607 \$	291,912.73	\$ 480.91		\$ 2629.84	
COMM HOSP INPATIENT TOTAL	62	248	282,745.18	1140.10	.247	4560.41	281.34
	2	39	52,800.00	1353.85	.039	26400.00	52.54
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	20	91	204,355.64	2245.67		10217.78	203.34
	20	91	44,873.87	493.12	.091	2243.69	44.65
ACCOMMODATIONS	20				.091		
ADMINISTRATIVE DAYS		4	925.20	231.30	.004	462.60	.92
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	87	43,948.67	505.16	.087	2441.59	43.73
ANCILLARIES	20	0	159,481.77	.00	.000	7974.09	158.69
INPATIENT CROSSOVERS	40	118	25,589.54	216.86	.117	639.74	25.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	52	359			9,167.55		25.54	.357		176.30		9.12
MEDICAL	11	12			442.17		36.85	.012		40.20		.44
SURGERY	2	2			113.53		56.77	.002		56.77		.11
PATHOLOGY	18	132			1,257.59		9.53	.131		69.87		1.25
RADIOLOGY	19	30			2,858.66		95.29	.030		150.46		2.84
ROOM USE	15	21			767.08		36.53	.021		51.14		.76
CROSSOVERS/ALL OTH OUTPINT	34	162			3,728.52		23.02	.161		109.66		3.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	118	3,483	\$		561,699.16	\$	161.27	3.466	\$	4760.16	\$	558.90
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	16	502			291,195.14		580.07	.500		18199.70		289.75
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	102	2,981			270,504.02		90.74	2.966		2652.00		269.16
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·		.00	•	.00	.000	·	.00	•	.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	20	799	\$		35,385.12	\$	44.29	.795	\$	1769.26	\$	35.21
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	20	799			35,385.12		44.29	.795		1769.26		35.21
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	18	64	\$		530.61	\$	8.29	.064	\$	29.48	\$.53
PATHOLOGY	16	62			463.98		7.48	.062		29.00		.46
XO AND OTHERS	2	2			66.63		33.32	.002		33.32		.07
@ORGANIZED OUTPATIENT CLINIC	1,611	2,610	\$		437,728.99	\$	167.71	2.597	\$	271.71	\$	435.55
CLINIC	9	15			1,231.95		82.13	.015		136.88		1.23
SURGICENTER	1	1			.00		.00	.001		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,601	2,594			436,497.04		168.27	2.581		272.64		434.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-	OF-PAYMENT F	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 13,284
MOP024	FEE-FOR-SERVICE/DENTA											01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES F	OR MEDICA	LLY	NEEDY ·	- DISABLED							
								N	rnon	THLY AVERA	GE -	

1,005 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	145	3,643 \$	36,166.46	\$ 9.93	3.625	\$ 249.42	\$ 35.99
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	108.07	54.04	.002	108.07	.11
MEDICAL TRANSPORTATION	15	512	2,224.83	4.35	.509	148.32	2.21
AMBULANCES/AIR TRANS	8	28	847.49	30.27	.028	105.94	.84
OTHER TRANS	6	471	1,364.40	2.90	.469	227.40	1.36
OTHER SERVICES	1	13	12.94	1.00	.013	12.94	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	9	174	12,047.75	69.24	.173	1338.64	11.99
GENETIC DISEASE TESTING	2	2	210.00	105.00	.002	105.00	.21
IHMC, MODEL-NF, NF, AIDS, MSSP	27	125	11,775.66	94.21	.124	436.14	11.72
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	187.74	23.47	.008	62.58	.19
PHYSICAL THERAPIST	6	70	639.65	9.14	.070	106.61	.64
PORTABLE X-RAY	3	6	32.65	5.44	.006	10.88	.03
PROSTHETIST/ORTHOTISTS	3	8	315.44	39.43	.008	105.15	.31
PROSTHETICS	3	8	315.44	39.43	.008	105.15	.31
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	3	19	429.54	22.61	.019	143.18	.43
SPEECH AND AUDIOLOGY	10	26	1,215.82	46.76	.026	121.58	1.21
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	47	517	5,697.81	11.02	.514	121.23	5.67
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23	2,174	1,281.50	.59	2.163	55.72	1.28
@CALIF. CHILDREN SERVICES*	1	1	\$ 611.68	\$ 611.68	.001	\$ 611.68	\$.61
@XOVER EXCLUDING STATE HOSP**	197	1,913	\$ 51,718.42	\$ 27.04	1.903	\$ 262.53	\$ 51.46

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 13,285 01/29/04

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

USERS UNITS OF SERVICE OR DAYS OF CARE

$\Delta TM\Delta D$	BARBABA	COLIN

83,024 ELIGIBLES

	Sormance of Serv	1020 1011 11201011221	111111111111111111111111111111111111111		MONT	HLY AVERAC	7E
83,024 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		DED INITE /DAIL	DED ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	44,443	191,304 \$	14,244,680.77	\$ 74.46	2.304 \$		\$ 171.57
@PHYSICIANS SERVICES	5,096 2,615	17,347 \$	1,170,441.98	\$ 67.47	.209 \$		
OUTPATIENT VISITS	2 615	6,910	215,969.56	31 25	.083	82.59	2.60
OFFICE VISITS	456	E 2 7	28,146.59	52.23	.006	61.72	.34
HOME VICITE	n	0	, 00	00	.000	.00	.00
EMERGENCY ROOM		1 220		.00 57 11	.016	62 00	.91
PREVENTIVE CARE	1,10/	1,328	233.22	57.11	.000	03.03 E0 31	.00
	1,033	4 4 4,985	233.22 109,528.54	30.3L	.000	106.31	1.32
OB VISITS/COMPRE PERI	1,033	4,985	109,528.54	21.97	.060	106.03	
OTHER OUTPATIENT	50 623 586	56	2,221.74	39.67	.001	44.43	.03
INPATIENT VISITS	623	1,797 1,295	119,259.99	66.37	.022	191.43	1.44
HOSPITAL VISITS	586	1,295	59,415.97	45.88	.016	63.89 58.31 106.03 44.43 191.43	.72
CRITICAL CARE	46	502	59,844.02	119.21	.006	1300.96	.72
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	.00
EXAMINATIONS	1	502 0 1 1 0 2,688 777	46.44	46.44	.000	46.44	.00
SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,082	2,688	621,615.34	231.26	.032	574.51	7.49
PRINCIPAL SURGEON	726	777	535,179.89	688.78	.009	737.16	6.45
ASSISTANT SURGEON	726 118		21,498.73 64,936.72	182.19	.001	182.19	.26
ANESTHESIOLOGIST	420	1,793	64,936.72	36.22	.022	154.61	.78
ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST	437 379	928	52,733.71 44,212.13	56.83	.011	120.67	.64
PRINCIPAL SURGEON	379	654	44,212.13	67.60	.008	116.65	.53
ASSISTANT SURGEON	0 74	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	74	274	.00 8,521.58	31.10	.003	115.16	.10
DIALYSIS	9	24	3,105.∠1	129.38	.000	345.02	.04
PATHOLOGY	1,247	2,188	31,413.29	14.36	.026	25.19	.38
RADIOLOGY	9 1,247 1,496	2,188 2,226	31,413.29 95,667.26	\$ 74.46 \$ 74.46 \$ 67.47 31.25 52.41 .00 57.11 58.31 21.97 39.67 66.37 45.88 119.21 .00 46.44 46.44 46.44 46.44 100 231.26 688.78 182.19 36.22 56.83 67.60 .00 31.10 129.38 14.36 42.98 .00 57.19 50.66 \$ 12.05 33.18 93.49	.027	63.95	1.15
		_	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0 145 319 3,869 3,704	152	8,693.50	57.19	.002	59.96	.10
OTHER SERVICES/ALL X-OVERS	319	433	21,937.68	50.66	.005	68.77	.26
@PHARMACY	3.869	21,966 \$	264,783.01	\$ 12.05	.265 \$	68.44	
PRESCRIPTION DRUGS	3.704	6,566	217,860.54	33.18	.079	58.82	2.62
SNF/ICF	5	15	1 402 34	33.18 93.49 33.04 3.05	.000	280.47	.02
OUTPATIENTS	5 3,701 318 16,902 11,644 2.185	6,551	216,458.20	33.13	.079	58.49	2.61
MEDICAL SUPPLIES	318	15,400	46,922.47	3 05	185	147.55	.57
@DENTIST	16 902	87,280 \$	2,579,242.58	\$ 29.55	1.051 \$		
VISITS - DIAGNOSTIC	11 644	87,280 \$ 56,940	756,745.64	13 29	686	64.99	9.11
ORAL SURGERY	2 185	4,112	216,013.39	52 53	050	98.86	2.60
DRUGS	2,103	2,696	63,496.20	22.55	.030	31.08	.76
ANESTHESIA	2,185 2,043 256 375	2,090	21 536 20	23.33	.032	84.13	. 26
PERIODONTICS	275	263 385	21,536.20 56,901.00	147 70	.003	151.74	.69
ENDODONTICS ENDODONTICS	1 622	2 676	297,585.05	147.75 111 01	.005	182.23	3.58
RESTORATIVE DENTISTRY	1,033 6,365	17 026	1,002,379.04	F6 20	.034 21E	157.48	12.07
PROSTHETICS	0,303	17,630	1,010.00	26.20	.213	137.40	.01
PROSIDEITOS	122	40 EE1	1,010.00	23.23 07.60	.000	26.58 362.89	.58
DENTURES, STAYPLATES	133	227	48,264.93	87.00	.007	302.89	
SPACE MAINTAINERS	T87	385 2,676 17,836 40 551 202 69 2	25,743.20		.002	141.45 81.17	.31
MAXILLOFACIAL SERVICES	55	69	4,464.14	64.70	.001	δΙ.Ι/	.05
FRACTURES, DISLOCATIONS	2	2	417.00	208.50	.000	208.50	.01
			83,936./9	84.44	.012	99.69	1.01
ALL OTHER SERVICES	000	514	750.00	1.46		2.25	.01
		ES AND EXPENDITURES	MONTH-OF-PAYMENT F	KEPORT FOR JAN	2003 THRU DEC	2003	
MOP024	FEE-FOR-SERVICE						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	VICES FOR MEDICALLY	NEEDY - FAMILIES				~=
02 024 FITCIBLES	HCEDC	INITE OF CEDUICE	EADEMDIAIDEC	MITED MORE COOR	MONT		

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	46	115	\$	2,256.50	\$	19.62	.001	Ś	49.05	Ś	.03
DIAGNOSTIC AND ANC. PROCED	33	26	т	1,065.09	т	40.97	.000	τ.	32.28	Υ	.01
EYE APPLIANCES	35	87		1,098.51		12.63	.001		31.39		.01
OTHER OPTOMETRIC SERVICES	2	2		92.90		46.45	.000		46.45		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES. RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	682	901	\$	48,536.11	\$	53.87	.011	\$	71.17	\$.58
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	4	\$	33.64	\$	8.41	.000	\$	33.64	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,610	11,526	\$	5,392,753.02	\$	467.88	.139	\$	2066.19	\$	64.95
HOSP INPATIENT TOTAL	1,016	4,198		5,230,212.27		1245.88	.051		5147.85		63.00
HSC HOSPITALS	32	120		163,840.12		1365.33	.001		5120.00		1.97
NON-HSC HOSPITAL TOTAL	982	4,065		5,064,692.15		1245.93	.049		5157.53 1710.72		61.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	982 5	4,065 43		1,679,927.70 9,020.71		413.27 209.78	.049 .001		1804.14		20.23 .11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	978	4,022		1,670,906.99		415.44	.048		1708.49		20.13
ANCILLARIES	982	0		3,384,764.45		.00	.000		3446.81		40.77
INPATIENT CROSSOVERS	2	13		1,680.00		129.23	.000		840.00		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,724	7,328		162,540.75		22.18	.088		94.28		1.96
MEDICAL	161	186		6,340.10		34.09	.002		39.38		.08
SURGERY	106	109		3,885.02		35.64	.001		36.65		.05
PATHOLOGY	886	3,624		33,118.89		9.14	.044		37.38		. 40
RADIOLOGY	564	728		49,429.43		67.90	.009		87.64		.60
ROOM USE	1,079 771	1,288		47,905.93		37.19	.016		44.40		.58
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	16	1,393 39	\$	21,861.38 18,008.80	\$	15.69 461.76	.017 .000	ė.	28.35 1125.55	Ċı	.26 .22
CO HOSPITAL INPATIENT TOTAL		15	Ą	16,750.01	Ą	1116.67	.000	Ą	2791.67	Ą	.20
HSC HOSPITALS	6	15		16,750.01		1116.67	.000		2791.67		.20
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	11	0 24		.00 1,258.79		.00 52.45	.000		.00 114.44		.00 .02
CO HOSP OUTPATIENT TOTAL MEDICAL	2	5		1,256.79		36.24	.000		90.60		.02
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	6		57.35		9.56	.000		19.12		.00
RADIOLOGY	4	5		132.93		26.59	.000		33.23		.00
ROOM USE	2	2		85.66		42.83	.000		42.83		.00
CROSSOVERS/ALL OTH OUTPTNT	4	6		801.66		133.61	.000		200.42		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU	DEC	2003	PA	GE 13,287
MOP024	FEE-FOR-SERVICE										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	CICES FOR MEDICAL	LY 1	NEEDY - FAMILIES						~-	
02 024 ELIGIBLES	HARDA	INITED OF CERTIFICE	ı		7. 7. 7	TED AGE GOGT	M				OCE DED
83,024 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		ERAGE COST R UNIT/DAY			COST PER USER		OST PER LIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,594	11,487		5,374,744.22	Р£ \$	467.90	.138		2071.99		64.74
@COUNTILI HODELIAN TOTAL	4,391	11,70/	Ą	3,3/4,/44.22	Ą	407.90	.130	ų	2011.33	Y	04./4

COMM HOSP INPATIENT TOTAL	1,010	4,183		5,213,462.26		1246.35	.050		5161.84		62.79
HSC HOSPITALS	26	105		147,090.11		1400.86	.001		5657.31		1.77
NON-HSC HOSPITALS TOTAL	982	4,065		5,064,692.15		1245.93	.049		5157.53		61.00
ACCOMMODATIONS	982	4,065		1,679,927.70		413.27	.049		1710.72		20.23
ADMINISTRATIVE DAYS	5	43		9,020.71		209.78	.001		1804.14		.11
	0										
TRANSITIONAL IP CARE		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	978	4,022		1,670,906.99		415.44	.048		1708.49		20.13
ANCILLARIES	982	0		3,384,764.45		.00	.000		3446.81		40.77
INPATIENT CROSSOVERS	2	13		1,680.00		129.23	.000		840.00		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,713	7,304		161,281.96		22.08	.088		94.15		1.94
MEDICAL	159	181		6,158.91		34.03	.002		38.74		.07
SURGERY	106	109		3,885.02		35.64	.001		36.65		.05
PATHOLOGY	883	3,618		33,061.54		9.14	.044		37.44		.40
	560	723									
RADIOLOGY				49,296.50		68.18	.009		88.03		.59
ROOM USE	1,077	1,286		47,820.27		37.19	.015		44.40		.58
CROSSOVERS/ALL OTH OUTPTNT		1,387		21,059.72		15.18	.017		27.46		. 25
@STATE HOSPITAL	2	0	\$	3,578.91	\$.00	.000	\$	1789.46	\$.04
MENTALLY ILL	2	0		3,578.91		.00	.000		1789.46		.04
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
LEV A-INTERMEDIATE	0	0	т	.00	т.	.00	.000	т	.00	-	.00
LEV B-REHAB MD	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	13	504	\$	33,249.76	\$	65.97		\$	2557.67	Ġ	.40
HOSPITAL BASED	0	0	Υ	.00	Υ	.00	.000	Υ	.00	~	.00
HEMODIALYSIS CENTER	13	504		33,249.76		65.97	.006		2557.67		.40
@REHABILITATION FACILITY	22	429	\$	7,013.41	\$	16.35	.005	ċ,	318.79	\$.08
	0		Ą		Ą			Ą		Ą	
HOSPITAL BASED		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	22	429		7,013.41		16.35	.005		318.79		.08
@LABORATORY FACILITY	2,610	8,424	\$	145,013.43	\$	17.21	.101	\$	55.56	\$	1.75
PATHOLOGY	2,606	8,418		144,730.23		17.19	.101		55.54		1.74
XO AND OTHERS	6	6		283.20		47.20	.000		47.20		.00
@ORGANIZED OUTPATIENT CLINIC	17,123	26,895	\$	4,345,001.75	\$	161.55	.324	\$	253.75	\$	52.33
CLINIC	271	1,029		40,121.03		38.99	.012		148.05		.48
SURGICENTER	29	86		3,649.65		42.44	.001		125.85		.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	16,832	25,780		4,301,231.07		166.84	.311		255.54		51.81
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDITI	CES AND EXPENDITURE	o Ma		ם חטים			חהם		Г	AGE 13,288
			P MIC	JNIH-OF-PAIMENI RE	EPURI	. FOR JAN	2003 IRKU	DEC	2003	P	01/29/04
MOP024	FEE-FOR-SERVICE										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	VICES FOR MEDICALI	Y NE	EEDY - FAMILIES							
							M				
83,024 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	4,331	15,913	\$	252,776.67	\$	15.88	.192	\$	58.36	\$	3.04
DURABLE MED. EQUIP.	19	135		1,069.73		7.92	.002		56.30		.01
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	179	1,664		29,262.87		17.59	.020		163.48		.35
AMBULANCES/AIR TRANS	179	1,661		23,862.87		14.37	.020		133.31		. 29
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	3	3		5,400.00		1800.00	.000		1800.00		.07
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	811	814	84,596.50	103.93	.010	104.31	1.	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	38	113	2,213.78	19.59	.001	58.26		.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	38	64	4,978.27	77.79	.001	131.01		.06
PROSTHETICS	16	31	1,060.10	34.20	.000	66.26		.01
ORTHOTICS	25	33	3,918.17	118.73	.000	156.73		.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	6	8	282.66	35.33	.000	47.11		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	3,249	13,114	130,358.67	9.94	.158	40.12	1.	.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	1	1	14.19	14.19	.000	14.19		.00
@CALIF. CHILDREN SERVICES*	103	3,050	\$ 793,199.27	\$ 260.07	.037	\$ 7700.96	\$ 9	.55
@XOVER EXCLUDING STATE HOSP**	4	3	\$ 1,748.72	\$ 582.91	.000	\$ 437.18	\$.02

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 13,289

01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

DANTA DANDANA COUN	SUMMART OF SER	VICES FOR MEDICALLI I	NEEDI IOIAL		1401		C.F.
0F 042 BLIGTBIRG	Hanna	INITES OF SERVICE		317ED 3 CE CO CE	MON		
85,043 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	50,188	269,307 \$	17,568,606.90	\$ 65.24	3.167 \$		
@PHYSICIANS SERVICES	5,433	18,852 \$		\$ 64.93	.222 \$		
OUTPATIENT VISITS	2,692	7,015	223,615.82	31.88	.082	83.07	2.63
OFFICE VISITS	469	561	29,014.39	51.72	.007	61.86	.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1,251	1,406	82,460.25	58.65	.017	65.92	.97
PREVENTIVE CARE	4	4	233.22	58.31	.000	58.31	.00
OB VISITS/COMPRE PERI	1,033	4,985	109,528.54	21.97	.059	106.03	1.29
OTHER OUTPATIENT	53	59	2,379.42	40.33	.001	44.89	.03
INPATIENT VISITS	671	2,062	130,834.16	63.45	.024	194.98	1.54
HOSPITAL VISITS	627	1,514	68,677.24	45.36	.018	109.53	.81
CRITICAL CARE	50	507	60,389.32	119.11	.006	1207.79	.71
SNF/ICF/TRANS IP CARE	8	41	1,767.60	43.11	.000	220.95	.02
OPHTHALMOLOGICAL SERVICES	2	2	92.88	46.44	.000	46.44	.00
EXAMINATIONS	2	2	92.88	46.44	.000	46.44	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,101	2,795	627,012.63	224.33	.033	569.49	7.37
PRINCIPAL SURGEON	734	789	538,373.28	682.35	.009	733.48	6.33
ASSISTANT SURGEON	118	118	21,498.73	182.19	.001	182.19	.25
ANESTHESIOLOGIST	431	1,888	67,140.62	35.56	.022	155.78	.79
OUTPATIENT SURGERY	447	950	53,858.03	56.69	.011	120.49	.63
PRINCIPAL SURGEON	387	663	45,040.42	67.93	.008	116.38	.53
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	76	287	8,817.61	30.72	.003	116.02	.10
DIALYSIS	19	38	6,255.77	164.63	.000	329.25	.07
PATHOLOGY	1,267	2,230	33,231.24	14.90	.026	26.23	.39
RADIOLOGY	1,582	2,515	105,469.09	41.94	.030	66.67	1.24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	146	172	8,883.50	51.65	.002	60.85	.10
OTHER SERVICES/ALL X-OVERS	506	1,073	34,810.29	32.44	.013	68.80	.41

@PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES	4,824 4,627 313 4,326 375	47,220 10,556 1,856 8,700 36,664	\$ 636,553.00 583,980.73 153,656.01 430,324.72 52,572.27	\$ 13.48 55.32 82.79 49.46 1.43	.555 .124 .022 .102 .431	\$ 131.96 126.21 490.91 99.47 140.19	\$ 7.49 6.87 1.81 5.06 .62
@DENTIST	18,761	94,981	\$ 2,912,214.38	\$ 30.66	1.117	\$ 155.23	\$ 34.24
VISITS - DIAGNOSTIC	12,870	61,679	818,759.14	13.27	.725	63.62	9.63
ORAL SURGERY	2,458	4,957	252,059.64	50.85	.058	102.55	2.96
DRUGS	2,043	2,696	63,496.20	23.55	.032	31.08	.75
ANESTHESIA	269	277	22,181.20	80.08	.003	82.46	.26
PERIODONTICS	526	562	84,240.00	149.89	.007	160.15	.99
ENDODONTICS	1,699	2,763	317,090.05	114.76	.032	186.63	3.73
RESTORATIVE DENTISTRY	6,766	18,917	1,091,384.29	57.69	.222	161.30	12.83
PROSTHETICS	60	64	1,660.00	25.94	.001	27.67	.02
DENTURES, STAYPLATES	394	1,213	142,907.73	117.81	.014	362.71	1.68
SPACE MAINTAINERS	182	202	25,743.20	127.44	.002	141.45	.30

MAXILLOFACIAL SERVICES 57 72 4,464.14 62.00 .001 78.32 .05 3 6 590.33 .000 1180.67 .04 FRACTURES, DISLOCATIONS 3,542.00 ORTHODONTIC SERVICES 842 994 83,936.79 84.44 .012 99.69 .99 579 2.05 .01 ALL OTHER SERVICES 365 750.00 1.30 .007 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,290

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

SANTA BARBARA COUN	SUMMARY OF SER	VICES FOR MEDICAL	LLY N	EEDY - TOTAL					
						M		GE	
85,043 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ERAGE COST				COST PER
		OR DAYS OF CAR			R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	79	193	\$	3,848.86	\$.002	\$ 48.72	\$.05
DIAGNOSTIC AND ANC. PROCED	46	37		1,430.08	38.65	.000	31.09		.02
EYE APPLIANCES	60	148		2,312.14	15.62	.002	38.54		.03
OTHER OPTOMETRIC SERVICES	3	8		106.64	13.33	.000	35.55		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0 0 50 0 0 0 50 683 0	0		.00	.00	.000	.00		.00
@PODIATRIST	50	65	\$	498.30	\$ 7.67	.001	\$ 9.97	\$.01
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	50	65		498.30	7.67	.001	9.97		.01
@HOME HEALTH AGENCY	683	902	\$	48,610.97	\$ 53.89	.011	\$ 71.17	\$.57
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	.00	\$.00
NURSE MIDWIFE	1	4	\$	33.64	\$ 8.41	.000	\$ 33.64	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ \$		\$.00	.000	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0 2,824 1,127	12,845	\$	6,229,269.29	\$ 484.96	.151	\$ 2205.83	\$	73.25
HOSP INPATIENT TOTAL	1,127	4,744		6,049,097.59	1275.10	.056	5367.43		71.13
HSC HOSPITALS	35	160		217,835.12	1361.47	.002	6223.86		2.56
NON-HSC HOSPITAL TOTAL	1,037	4,395		5,796,931.66	1318.98	.052	5590.10		68.16
ACCOMMODATIONS	1,037	4,395		1,874,147.19	1275.10 1361.47 1318.98 426.43	.052	1807.28		22.04
ADMINISTRATIVE DAYS	9	55		11,044.59	200.81	.001	1227.18		.13
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1,029	4,340		1,863,102.60	429.29 .00 181.64	.051	1810.60		21.91
ANCILLARIES	1,037	0		3,922,784.47	.00	.000	3782.82		46.13
INPATIENT CROSSOVERS	55	189		34,330.81	181.64	.002	624.20		.40
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1,833	8,101		180,171.70	22.24	.095	.00 98.29		2.12
MEDICAL	187	217		7,611.60	35.08	.003	±0.70		.09
SURGERY	109	112		4,009.30	35.80	.001	36.78		.05
PATHOLOGY	937	3,941		36,107.99	9.16	.046	38.54		.42
RADIOLOGY	614	807		55,785.88	69.13	.009	90.86		.66
ROOM USE	1,120	1,338		49,696.42	37.14	.016	44.37		.58
CROSSOVERS/ALL OTH OUTPTNT	840	1,686		26,960.51	15.99	.020	32.10		.32
@COUNTY HOSPITAL TOTAL	19	43	\$	19,333.16	\$ 449.61		\$ 1017.53	\$.23
CO HOSPITAL INPATIENT TOTAL	7	16		17,945.01	1121.56	.000	2563.57		.21
HSC HOSPITALS	7	16		17,945.01	1121.56	.000	2563.57		.21
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0 0 13	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	13	27		1,388.15	51.41	.000	106.78		.02
MEDICAL	3	6		209.18	34.86	.000	69.73		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	3	6		57.35	9.56	.000	19.12		.00

5 .00 RADIOLOGY 4 132.93 26.59 .000 33.23 3 3 115.66 38.55 .000 ROOM USE 38.55 .00 5 7 873.03 .01 CROSSOVERS/ALL OTH OUTPTNT 124.72 .000 174.61 PAGE 13,291 01/29/04 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MODOSA FFF-FOR-SERVICE / DENTAL

MOP024	FEE-FOR-SERVICE/DE	INTAL										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICE	S FOR MEDICALLY	NEED	Y - TOTAL								
								N	TNON	THLY AVERA	GE	
85,043 ELIGIBLES	USERS UN	IITS OF SERVICE		EXPENDITURES	AVER	AGE COST				COST PER		COST PER
00,010 EE1015EE		OR DAYS OF CARE				UNIT/DAY				USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,805	12,802 \$		6,209,936.13		485.08		.151		2213.88		73.02
COMM HOSP INPATIENT TOTAL	1,120	4,728		6,031,152.58		275.62		.056	Ą	5384.96	Ą	70.92
HSC HOSPITALS	28	144				388.13		.002				
				199,890.11						7138.93		2.35
NON-HSC HOSPITALS TOTAL	1,037	4,395		5,796,931.66		318.98		.052		5590.10		68.16
ACCOMMODATIONS	1,037	4,395		1,874,147.19		426.43		.052		1807.28		22.04
ADMINISTRATIVE DAYS	9	55		11,044.59		200.81		.001		1227.18		.13
TRANSITIONAL IP CARE	0	0		.00		.00		.000		.00		.00
ALL OTHER ACCOM	1,029	4,340		1,863,102.60		429.29		.051		1810.60		21.91
ANCILLARIES	1,037	0		3,922,784.47		.00		.000		3782.82		46.13
INPATIENT CROSSOVERS	55	189		34,330.81		181.64		.002		624.20		.40
ALL OTHER INPATIENT	0	0		.00		.00		.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,820	8,074		178,783.55		22.14		.095		98.23		2.10
MEDICAL	184	211		7,402.42		35.08		.002		40.23		.09
SURGERY	109	112		4,009.30		35.80		.001		36.78		.05
PATHOLOGY	934	3,935		36,050.64		9.16		.046		38.60		.42
RADIOLOGY	610	802		55,652.95		69.39		.009		91.23		.65
ROOM USE	1,117	1,335		49,580.76		37.14		.016		44.39		.58
CROSSOVERS/ALL OTH OUTPTNT		1,679		26,087.48		15.54		.020		31.24		.31
@STATE HOSPITAL	2	0 \$		3,578.91	\$.00		.000	Ġ	1789.46	\$.04
MENTALLY ILL	2	0 9		3,578.91	Y	.00		.000	Y	1789.46	Ÿ	.04
DEVELOP. DISABLED	0	0		.00		.00		.000		.00		.00
	228	6.666 \$		840,887.11	\$	126.15		.078	Ś	3688.10	\$	9.89
@NURSING FACILITY	0	0,000 ş			Ą	.00			Ą	.00	Ą	
LEV A-INTERMEDIATE	0	0		.00				.000				.00
LEV B-REHAB MD		0		.00		.00		.000		.00		.00
LEV B-SUBACUTE FREESTANDING	•	•		.00		.00		.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	16	502		291,195.14		580.07		.006		18199.70		3.42
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		.000		.00		.00
LEV B-REGULAR	212	6,164		549,691.97		89.18		.072		2592.89		6.46
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00		.000	\$.00	\$.00
ICF DDH	0	0		.00		.00		.000		.00		.00
ICF DD	0	0		.00		.00		.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00		.000		.00		.00
@HEMODIALYSIS TOTAL	39	1,763 \$		82,623.54	\$	46.87		.021	\$	2118.55	\$.97
HOSPITAL BASED	0	0		.00		.00		.000		.00		.00
HEMODIALYSIS CENTER	39	1,763		82,623.54		46.87		.021		2118.55		.97
@REHABILITATION FACILITY	22	429 \$		7,013.41	\$	16.35		.005	\$	318.79	\$.08
HOSPITAL BASED	0	0		.00	·	.00		.000	•	.00		.00
INDEPENDENT FACILITY	22	429		7,013.41		16.35		.005		318.79		.08
@LABORATORY FACILITY	2,638	8,674 \$		146,790.16	\$	16.92		.102	Ś	55.64	Ś	1.73
PATHOLOGY	2,632	8,666		146,440.33	τ	16.90		.102	Υ	55.64	Τ.	1.72
XO AND OTHERS	8	8		349.83		43.73		.000		43.73		.00
@ORGANIZED OUTPATIENT CLINIC	19,826	31,035 \$		5,041,568.70	\$	162.45		.365	Ġ	254.29	\$	59.28
CLINIC CLINIC	282	1,053		42,176.81	Y	40.05		.012	Y	149.56	Ÿ	.50
SURGICENTER	30	87		3,649.65		41.95		.012		121.66		.04
	0	0		3,649.65		.00		.000		.00		.00
HEROIN DETOX CLINIC	19,523	29,895		.00 4,995,742.24		.00 167.11		.352		255.89		.00 58.74
RURAL HEALTH CLINIC			MONTE						DEC		-	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		MOMI	.n-OF-PAYMENT RI	FLOK.I.	FUK JAN	∠∪∪3 `	THKU	DEC	. ∠003	F	AGE 13,292
MOP024	FEE-FOR-SERVICE/DE	TATM										01/29/04

85,043 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

SANTA BARBARA COUN

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	4,658	45,678	\$ 391,053.22	\$ 8.56	.537	\$ 83.95	\$	4.60
DURABLE MED. EQUIP.	23	148	5,393.11	36.44	.002	234.48		.06
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	2	3	1,345.62	448.54	.000	672.81		.02
MEDICAL TRANSPORTATION	225	2,407	34,465.22	14.32	.028	153.18		.41
AMBULANCES/AIR TRANS	217	1,902	27,631.78	14.53	.022	127.34		.32
OTHER TRANS	7	489	1,420.50	2.90	.006	202.93		.02
OTHER SERVICES	4	16	5,412.94	338.31	.000	1353.24		.06
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	79	1,298	89,468.36	68.93	.015	1132.51		1.05
GENETIC DISEASE TESTING	813	816	84,806.50	103.93	.010	104.31		1.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	70	276	23,342.51	84.57	.003	333.46		.27
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	43	127	2,537.31	19.98	.001	59.01		.03
PHYSICAL THERAPIST	6	70	639.65	9.14	.001	106.61		.01
PORTABLE X-RAY	4	7	34.03	4.86	.000	8.51		.00
PROSTHETIST/ORTHOTISTS	41	72	5,293.71	73.52	.001	129.11		.06
PROSTHETICS	19	39	1,375.54	35.27	.000	72.40		.02
ORTHOTICS	25	33	3,918.17	118.73	.000	156.73		.05
PSYCHOLOGIST	3	19	429.54	22.61	.000	143.18		.01
SPEECH AND AUDIOLOGY	21	45	2,032.58	45.17	.001	96.79		.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	3,298	13,642	136,183.62	9.98	.160	41.29		1.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	49	26,748	5,081.46	.19	.315	103.70		.06
@CALIF. CHILDREN SERVICES*	104	3,051	\$ 793,810.95	\$ 260.18	.036	\$ 7632.80	\$	9.33
@XOVER EXCLUDING STATE HOSP**	280	2,094	\$ 73,199.51	\$ 34.96	.025	\$ 261.43	\$.86

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,293 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----

SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

		TOTALITE TIVE TO						
1,729 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,981	40,822 \$	616,472.83	\$ 15.10	23.610 \$	311.19	\$ 356.55	
@PHYSICIANS SERVICES	250	488 \$	20,851.55	\$ 42.73	.282 \$	83.41	\$ 12.06	
OUTPATIENT VISITS	174	202	8,694.52	43.04	.117	49.97	5.03	
OFFICE VISITS	137	162	6,631.44	40.93	.094	48.40	3.84	
HOME VISITS	2	2	72.44	36.22	.001	36.22	.04	
EMERGENCY ROOM	34	35	1,806.00	51.60	.020	53.12	1.04	
PREVENTIVE CARE	1	1	37.39	37.39	.001	37.39	.02	
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.001	126.31	.07	
OTHER OUTPATIENT	1	1	20.94	20.94	.001	20.94	.01	
INPATIENT VISITS	37	111	5,327.65	48.00	.064	143.99	3.08	
HOSPITAL VISITS	26	42	2,094.87	49.88	.024	80.57	1.21	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	11	69	3,232.78	46.85	.040	293.89	1.87	
OPHTHALMOLOGICAL SERVICES	9	9	482.98	53.66	.005	53.66	.28	
EXAMINATIONS	9	9	482.98	53.66	.005	53.66	.28	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	1	1	159.41	159.41	.001	159.41	.09	
PRINCIPAL SURGEON	1	1	159.41	159.41	.001	159.41	.09	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	

OUTPATIENT SURGERY	13	26		1,806.77		69.49	.015		138.98		1.04
PRINCIPAL SURGEON	11	12		1,419.89		118.32	.007		129.08		.82
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	14		386.88		27.63	.008		193.44		.22
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	12	17		267.01		15.71	.010		22.25		.15
RADIOLOGY	26	36		771.80		21.44	.021		29.68		.45
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	13	20		187.48		9.37	.012		14.42		.11
OTHER SERVICES/ALL X-OVERS	25	66		3,153.93		47.79	.038		126.16		1.82
@PHARMACY	335	35,386	\$	59,996.00	\$	1.70	20.466	\$	179.09	\$	34.70
PRESCRIPTION DRUGS	326	740		57,058.51		77.11	.428		175.03		33.00
SNF/ICF	12	58		2,802.29		48.32	.034		233.52		1.62
OUTPATIENTS	315	682		54,256.22		79.55	.394		172.24		31.38
MEDICAL SUPPLIES	20	34,646		2,937.49		.08	20.038		146.87		1.70
@DENTIST	482	2,520	\$	83,844.52	\$	33.27	1.457	\$	173.95	\$	48.49
VISITS - DIAGNOSTIC	341	1,649		24,378.20		14.78	.954		71.49		14.10
ORAL SURGERY	57	141		10,966.00		77.77	.082		192.39		6.34
DRUGS	31	55		1,224.15		22.26	.032		39.49		.71
ANESTHESIA	11	12		850.00		70.83	.007		77.27		.49
PERIODONTICS	10	10		1,422.00		142.20	.006		142.20		.82
ENDODONTICS	41	69		11,169.00		161.87	.040		272.41		6.46
RESTORATIVE DENTISTRY	178	541		31,274.50		57.81	.313		175.70		18.09
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	2	3		120.00		40.00	.002		60.00		.07
MAXILLOFACIAL SERVICES	4	4		546.39		136.60	.002		136.60		.32
FRACTURES, DISLOCATIONS	1	1		700.00		700.00	.001		700.00		.40
ORTHODONTIC SERVICES	16	19		1,044.28		54.96	.011		65.27		.60
ALL OTHER SERVICES	9	16		150.00		9.38	.009		16.67		.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	O EXPENDITU	RES	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU	DEC	2003	PI	AGE 13,294
MOP024	FEE-FOR-SERVICE/DENTA	AL									01/29/04

----- MONTHLY AVERAGE -----1,729 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 55 33.50 .032 \$ 65.81 \$ 1.07 1,842.72 27 DIAGNOSTIC AND ANC. PROCED 1,281.09 47.45 .016 45.75 .74 EYE APPLIANCES 15 28 561.63 20.06 .016 37.44 .32 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 @CHIROPRACTOR 0 .00 .00 .000 \$.00 .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY OTHER 0 .00 .00 .000 .00 .00 0 .00 .00 .00 @HOME HEALTH AGENCY .00 .000 .00 .000 .00 NURSE ANESTHESIST .00 \$.00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER 0 .00 .000 .00 .00 .00 @TOTAL HOSPITAL 247 9,083.96 36.78 .143 114.99 5.25 3 2,298.10 766.03 1149.05 HOSP INPATIENT TOTAL .002 1.33 .00 .00 .000 HSC HOSPITALS .00 .00 NON-HSC HOSPITAL TOTAL 3 2,298.10 766.03 .002 1149.05 1.33 1,124.55 374.85 562.28 ACCOMMODATIONS .002 .65 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

SANTA BARBARA COUN

ALL OTHER ACCOM	2	3	1,124.55	37	4.85	.002	56	2.28	.65
ANCILLARIES	2	0	1,173.55		.00	.000	58	6.78	.68
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	77	244	6,785.86	2	7.81	.141	8	8.13	3.92
MEDICAL	12	13	541.63	4	1.66	.008	4	5.14	.31
SURGERY	8	8	292.90	3	6.61	.005	3	6.61	.17
PATHOLOGY	18	91	1,114.29	1	2.24	.053	6	1.91	.64
RADIOLOGY	26	34	1,326.02	3	9.00	.020	5	1.00	.77
ROOM USE	50	64	2,782.84	4	3.48	.037	5	5.66	1.61
CROSSOVERS/ALL OTH OUTPTNT	23	34	728.18	2	1.42	.020	3	1.66	.42
@COUNTY HOSPITAL TOTAL	7	40	\$ 1,042.75	\$ 2	6.07	.023	\$ 14	8.96	\$.60
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00

A DMINIT CHID A HILLE DAVIC	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0									
TRANSITIONAL IP CARE	0	•		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	7	40		1,042.75		26.07	.023		148.96		.60
MEDICAL	4	4		122.05		30.51	.002		30.51		.07
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	20		309.75		15.49	.012		154.88		.18
RADIOLOGY	2	4		175.97		43.99	.002		87.99		.10
ROOM USE	6	10		367.80		36.78	.006		61.30		.21
CROSSOVERS/ALL OTH OUTPTNT	2	2		67.18		33.59	.001		33.59		.04
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU	DEC	2003	Ρź	AGE 13,295
MOP024	FEE-FOR-SERVICE										01/29/04
SANTA BARBARA COUN			NO SO	C 03 04 2A 45 4A	4K 4N	1 5K 7T 82	8E 8W				
								CNO	THLY AVERA	GE ·	
1,729 ELIGIBLES	USERS	UNITS OF SERVIC	'E	EXPENDITURES	Δ1/7	RAGE COST	UNITS/DAY		COST PER		COST PER
1,725 111015110	OBLICE	OR DAYS OF CAR		1211 LINDI I ORLIG			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	72	207	\$	8,041.21		38.85	.120				4.65
COMM HOSP INPATIENT TOTAL	2	3	Ą	2,298.10		766.03	.002	Ą	1149.05	Ą	1.33
HSC HOSPITALS	0	0		.00		.00	.002		.00		.00
	0	3		2,298.10		766.03	.002		1149.05		1.33
NON-HSC HOSPITALS TOTAL	2	3									
ACCOMMODATIONS	2	3		1,124.55		374.85	.002		562.28		.65
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	3		1,124.55		374.85	.002		562.28		.65
ANCILLARIES	2	0		1,173.55		.00	.000		586.78		.68
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	70	204		5,743.11		28.15	.118		82.04		3.32
MEDICAL	8	9		419.58		46.62	.005		52.45		.24
SURGERY	8	8		292.90		36.61	.005		36.61		.17
PATHOLOGY	16	71		804.54		11.33	.041		50.28		.47
RADIOLOGY	24	30		1,150.05		38.34	.017		47.92		.67
ROOM USE	44	54		2,415.04		44.72	.031		54.89		1.40
CROSSOVERS/ALL OTH OUTPTNT	21	32		661.00		20.66	.019		31.48		.38
@STATE HOSPITAL	4	0	\$	11,760.78	\$.00	.000	\$		\$	6.80
MENTALLY ILL	4	0		11,760.78		.00	.000		2940.20	•	6.80
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	12	364	Ġ	242,071.05		665.03		Ś	20172.59	Ś	140.01
LEV A-INTERMEDIATE	0	0	τ	.00	Υ	.00	.000	~	.00	Υ	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	12	364		242,071.05		665.03	.211		20172.59		140.01
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-SOBACOTE HISTIL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	0	0									.00
	0	0	Ś	.00		.00	.000	بخ	.00	4	.00
@INTERMEDIATE CARE FACILDD	0	0	Ş	.00	Ş			Þ	.00	Þ	
ICF DDH	U	•		.00		.00	.000		.00		.00
ICF DD	U	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	4.	.00	4.	.00	.000		.00	4.	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOGDITAI, BAGED	Λ	Λ		0.0		0.0	000		0.0		0.0

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HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

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@ORGANIZED OUTPATIENT CLINIC	774	1,139 \$	170,624.21	\$ 149.80	.659 \$	220.44	\$ 98.68
CLINIC	47	98	2,585.73	26.39	.057	55.02	1.50
SURGICENTER	1	4	168.21	42.05	.002	168.21	.10
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	727	1,037	167,870.27	161.88	.600	230.91	97.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 13,296
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01/29/04
SANTA BARBARA COIIN	CIIMMARY OF CERVICES	FOR MIC - NO	SOC 03 04 25 45 45	4x 4m 5x 7m 8	2 8 E 8 M		

Sinviii Binchinci Coolv	BOTHMET OF BLIC	VICES FOR THE	110 50	00 00 01 211 19 111	110 114 510 71 02	MON	ג משווג ע דעידו	CF
1,729 ELIGIBLES	USERS	UNITS OF SERVI	~₽	EXPENDITURES	AVERAGE COST		COST PER	COST PER
I, /Z/ EDIGIDDES	OBERB	OR DAYS OF CAL		EXFENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	126	368	\$	13,252.66	\$ 36.01	.213		
DURABLE MED. EQUIP.	11	26	Y	3,249.23	124.97	.015	295.38	1.88
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	12		399.21	33.27	.007	99.80	.23
AMBULANCES/AIR TRANS	4	12		399.21	33.27	.007	99.80	.23
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	54	54		5,453.50	100.99	.031	100.99	3.15
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	ĺ	2		161.38	80.69	.001	161.38	.09
PROSTHETICS	<u></u>	2		161.38	80.69	.001	161.38	.09
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	2	15		902.20	60.15	.009	451.10	.52
SPEECH AND AUDIOLOGY	1	3		195.80	65.27	.002	195.80	.11
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	52	255		2,860.67	11.22	.147	55.01	1.65
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1		30.67	30.67	.001	30.67	.02
@CALIF. CHILDREN SERVICES*	35	11,826	\$	15,583.68	\$ 1.32	6.840	445.25	\$ 9.01
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,297 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

					MON	ITHLY AVERA	GΕ	
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	53	311	\$ 8,865.48	\$ 28.51	155.500 \$	167.27	\$	4432.74
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00		.00
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	Ü	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
	0						
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000		\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	43	299 \$	6,887.15	\$ 23.03	149.500	\$ 160.17	\$ 3443.58
VISITS - DIAGNOSTIC	33	173	892.35	5.16	86.500	27.04	446.18
ORAL SURGERY	11	22	1,262.40	57.38	11.000	114.76	631.20
DRUGS	8	16	204.20	12.76	8.000	25.53	102.10
ANESTHESIA	1	1	100.00	100.00	.500	100.00	50.00
PERIODONTICS	1	1	.00	.00	.500	.00	.00
	<u> </u>	15	1,345.00		7.500	224.17	672.50
ENDODONTICS	19	59	•	89.67			
RESTORATIVE DENTISTRY			2,337.00	39.61	29.500	123.00	1168.50
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1	.00	.00	.500	.00	.00
MAXILLOFACIAL SERVICES	2	2	330.20	165.10	1.000	165.10	165.10
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2	416.00	208.00	1.000	416.00	208.00
ALL OTHER SERVICES	4	7	.00	.00	3.500	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAI	N 2003 THRU	DEC 2003	PAGE 13,298
MOP024	FEE-FOR-SERVICE						01/29/04
SANTA BARBARA COUN		VICES FOR MIC - SOC		AID COI	DE 83		01, 23, 01
BINITI BINDING COOK	Sommer of Shiev	TOES TON THE SOC		1112 001		ONTHLY AVERA	GE
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AMERACE CO	ST UNITS/DAY		COST PER
02 EDIGIBLES	OSERS	OR DAYS OF CARE	EXPENDITORES		AY PER ELIG		ELIGIBLE
e O DEIOMEIED T CEI	0		0.0				
@OPTOMETRIST	0	0 \$.00	\$.00	.000		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0		.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$ 0 \$.00	\$.00	.000	\$.00	\$.00
MOINDE WINEDITINGTOI	U	O Ş	.00	٠.00	.000	٠.00	٠.٠٠

NURSE MIDWIFE	0	0 \$.00	\$.	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0					\$.00	\$.00
	0	0 \$					
FAMILY NURSE PRACTITIONER	U	U Ş	.00			\$.00	\$.00
@TOTAL HOSPITAL	U	U \$.00			\$.00	\$.00
HOSP INPATIENT TOTAL	Ü	Ü	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.000	.00	.00
ANCILLARIES	0	0	.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00		.000	.00	.00
MEDICAL	0	0	.00		.000	.00	.00
SURGERY	0	0	.00		.000	.00	.00
PATHOLOGY	0	0	.00		.000	.00	.00
RADIOLOGY	0	0	.00		.000	.00	.00
ROOM USE	0	0	.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$					\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		00 .000	.00	.00
HSC HOSPITALS	0	0	.00		00 .000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		00 .000	.00	.00
ACCOMMODATIONS	0	0	.00		00 .000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		00 .000	.00	.00
TRANSITIONAL IP CARE	0	Ů	.00		00 .000	.00	.00
ALL OTHER ACCOM	0	Ů	.00		00 .000	.00	.00
ANCILLARIES	0	Ů	.00		00 .000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		00 .000	.00	.00
ALL OTHER INPATIENT	0	0	.00		00 .000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		00 .000	.00	.00
	0	0	.00		00 .000	.00	.00
MEDICAL	0	0	.00			.00	.00
SURGERY	0	0	.00		000.000	.00	.00
PATHOLOGY	0	0			000.000		
RADIOLOGY	0	0	.00		00 .000	.00	.00
ROOM USE	0	0	.00		00 .000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	U NEDI GAI GEDITO	O O	OO.		000 .000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONIH-OF-PAYMENI	REPORT FOR	JAN 2003 IHRU D	ac 2003	PAGE 13,299
MOP024	FEE-FOR-SERVICE		1	7.10	CODE 03		01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR MIC - SOC	<u>-</u>	AID	CODE 83	NICHTIT IC ATTENDAC	7.0
02 ELIGIBLES	HOEDO	INTEG OF GEDVICE	EXPENDIBLE	717ED 7 CE	-	NTHLY AVERAG	
02 FTIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	PER UNIT	COST UNITS/DAYS		COST PER
@GOMMINITEN HOODIENT EOENT	0	OR DAYS OF CARE		_		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$		•	.000	•	·
COMM HOSP INPATIENT TOTAL	0	0	.00		00 .000	.00	.00
HSC HOSPITALS	0	0	.00		00 .000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.000	.00	.00
ANCILLARIES	0	0	.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00		.000	.00	.00
MEDICAL	0	0	.00		.000	.00	.00
SURGERY	0	0	.00		.000	.00	.00
PATHOLOGY	0	0	.00		.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	. (0	.00
ROOM USE	0	0	.00	.00	.000		0	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	. (0	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.0	00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	. (0	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	. (0	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.0	00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	. (0	.00
LEV B-REHAB MD	0	0	.00	.00	.000	. (0	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	. (0	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	. (0	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	. (0	.00
LEV B-REGULAR	0	0	.00	.00	.000	. (0	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.0	00 \$.00
ICF DDH	0	0	.00	.00	.000	. (0	.00
ICF DD	0	0	.00	.00	.000	. (0 (.00

ICF DDN/DDCN	0	٥	.00	.00	.000	.00		.00
	0	0 \$.00				ė.	.00
@HEMODIALYSIS TOTAL	0	· · ·		•			\$	
HOSPITAL BASED	Ü	0	.00	.00		.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	Ô	0 \$.00	\$.00	.000 \$		\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	٧	.00
	0							
XO AND OTHERS	U	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	11 \$	1,923.33	\$ 174.85	•		\$	961.67
CLINIC	0	0	.00	.00	.000	.00		.00
SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	9	11	1,923.33	174.85		213.70		961.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAI. SERVICE	S AND EXPENDITURES M					DΔ	GE 13,300
MOP024	FEE-FOR-SERVICE		ONIII OF FAIMENT K	BFORT FOR UA	N 2005 TIMO DE	C 2003	I A	01/29/04
					00			01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR MIC - SOC		AID CO				
					MON'		GE -	
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE CO	ST UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/D	AY PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	1	1 \$	55.00	\$ 55.00	.500 \$	55.00	\$	27.50
DURABLE MED. EQUIP.	0	0	.00	.00		.00	Υ	.00
	0	0	.00	.00		.00		.00
BLOOD BANK	0	0						
HEARING AID DISPENSERS	Ü	0	.00	.00		.00		.00
MEDICAL TRANSPORTATION	0	0	.00	.00		.00		.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
ACUPUNCTURE	Ô	Ů.	.00	.00		.00		.00
	0	0	.00	.00		.00		.00
ADULT DAY HEALTH CARE CTR	0	0						
GENETIC DISEASE TESTING	1	1	55.00	55.00		55.00		27.50
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	0	0	.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	Ô	Ô	.00	.00		.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00		.00		.00
	0	0						
PROSTHETICS	Ü	0	.00	.00		.00		.00
ORTHOTICS	0	0	.00	.00		.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	Ô	Ů.	.00	.00		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00		.00		.00
	0	0						
RESPIRATORY CARE PRACT.	Ü	0	.00	.00		.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00		.00		.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00				.00
@* TOTALS IN THESE LINES ARE		TE INFORMATION ITEM					•	
THE AMOUNTS ARE ALREADY IN								
			O ADOVE.					
** THESE DATA ARE INCLUDED I			OMBII OR B31714-1		NT 0000 PRINTED	a 2002		ап 10 201
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES M	ONTH-OF-PAYMENT R	EPORT FOR JA	M ZUUS THRU DE	C 2003	PA	GE 13,301
MOP024	FEE-FOR-SERVICE							01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR MEDICALLY I	NDIGENT - CHILDRE	N - TOTAL				
					MON'	THLY AVERA	GE -	
1 731 ELIGIBLES	USERS	INTTS OF SERVICE	EXDENDITIEES	AMERAGE CO	ST IINITS/DAYS			OST PER

OR DAYS OF CARE

1,731 ELIGIBLES

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	2,034	41,133 \$	625,338.31	\$ 15.20	23.763	\$ 307.44	\$ 361.26
@PHYSICIANS SERVICES	250	488 \$	20,851.55	\$ 42.73	.282		
	174	202	8,694.52	43.04	.117	49.97	5.02
OUTPATIENT VISITS							
OFFICE VISITS	137	162	6,631.44	40.93	.094	48.40	3.83
HOME VISITS	2	2	72.44	36.22	.001	36.22	.04
EMERGENCY ROOM	34	35	1,806.00	51.60	.020	53.12	1.04
PREVENTIVE CARE	1	1	37.39	37.39	.001	37.39	.02
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.001	126.31	.07
OTHER OUTPATIENT	$\overline{1}$	1	20.94	20.94	.001	20.94	.01
INPATIENT VISITS	37	111	5,327.65	48.00	.064	143.99	3.08
	26	42	2,094.87	49.88	.024	80.57	1.21
HOSPITAL VISITS			•				
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	11	69	3,232.78	46.85	.040	293.89	1.87
OPHTHALMOLOGICAL SERVICES	9	9	482.98	53.66	.005	53.66	.28
EXAMINATIONS	9	9	482.98	53.66	.005	53.66	.28
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	159.41	159.41	.001	159.41	.09
PRINCIPAL SURGEON	1	1	159.41	159.41	.001	159.41	.09
	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0						
ANESTHESIOLOGIST	_	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	13	26	1,806.77	69.49	.015	138.98	1.04
PRINCIPAL SURGEON	11	12	1,419.89	118.32	.007	129.08	.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14	386.88	27.63	.008	193.44	.22
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	17	267.01	15.71	.010	22.25	.15
RADIOLOGY	26	36	771.80	21.44	.021	29.68	.45
	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	13	20					
IMMUNIZATION AND INJECTION			187.48	9.37	.012	14.42	.11
OTHER SERVICES/ALL X-OVERS	25	66	3,153.93	47.79	.038	126.16	1.82
@PHARMACY	335	35,386 \$		\$ 1.70	20.443		
PRESCRIPTION DRUGS	326	740	57,058.51	77.11	.427	175.03	32.96
SNF/ICF	12	58	2,802.29	48.32	.034	233.52	1.62
OUTPATIENTS	315	682	54,256.22	79.55	.394	172.24	31.34
MEDICAL SUPPLIES	20	34,646	2,937.49	.08	20.015	146.87	1.70
@DENTIST	525	2,819 \$	90,731.67	\$ 32.19	1.629	\$ 172.82	\$ 52.42
VISITS - DIAGNOSTIC	374	1,822	25,270.55	13.87	1.053	67.57	14.60
ORAL SURGERY	68	163	12,228.40	75.02	.094	179.83	7.06
DRUGS	39	71	1,428.35	20.12	.041	36.62	.83
ANESTHESIA	12	13	950.00	73.08	.008	79.17	.55
	11	11	1,422.00	129.27	.006	129.27	.82
PERIODONTICS							
ENDODONTICS	47	84	12,514.00	148.98	.049	266.26	7.23
RESTORATIVE DENTISTRY	197	600	33,611.50	56.02	.347	170.62	19.42
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	4 6	120.00	30.00	.002	40.00	.07
MAXILLOFACIAL SERVICES	6	6	876.59	146.10	.003	146.10	.51
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.001	700.00	.40
ORTHODONTIC SERVICES	17	21	1,460.28	69.54	.012	85.90	.84
ALL OTHER SERVICES	13	23	150.00	6.52	.013	11.54	.09
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					PAGE 13,302
MOP024	FEE-FOR-SERVICE		MONTH OF THEMENT RE	JI OKI I OK OIM	2005 IIIKO D	LC 2003	01/29/04
SANTA BARBARA COUN		VICES FOR MEDICALLY	TNDTCENT CUTIODEN	ז תייי∩יי ז			01/25/04
SANTA BARBARA COUN	SUMMARI OF SERV	ICES FOR MEDICALLI	INDIGENT - CHILDRED	V - IOIAL	MO	א מיינות או דוויייות	CE
1 521 51 55 56	Hanna					NTHLY AVERA	
1,731 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	28	55 \$		\$ 33.50	.032	•	
DIAGNOSTIC AND ANC. PROCED	28	27	1,281.09	47.45	.016	45.75	.74
EYE APPLIANCES	15	28	561.63	20.06	.016	37.44	.32
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	0	-					
@PODIATRIST	•	0 \$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
	0	-					
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 Š	.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
	79			•	•		
@TOTAL HOSPITAL		247 \$	9,083.96	\$ 36.78	.143 \$		\$ 5.25
HOSP INPATIENT TOTAL	2	3	2,298.10	766.03	.002	1149.05	1.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	3	2,298.10	766.03	.002	1149.05	1.33
ACCOMMODATIONS	2	2	1,124.55	374.85	.002	562.28	.65
	0	5					
ADMINISTRATIVE DAYS		U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3	1,124.55	374.85	.002	562.28	.65
ANCILLARIES	2	0	1,173.55	.00	.000	586.78	.68
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	Ŏ	0	.00	.00	.000	.00	.00
	77						
HOSP OUTPATIENT TOTAL		244	6,785.86	27.81	.141	88.13	3.92
MEDICAL	12	13	541.63	41.66	.008	45.14	.31
SURGERY	8	8	292.90	36.61	.005	36.61	.17
PATHOLOGY	18	91	1,114.29	12.24	.053	61.91	.64
RADIOLOGY	26	34	1,326.02	39.00	.020	51.00	.77
ROOM USE	50	64	2,782.84	43.48	.037	55.66	1.61
CROSSOVERS/ALL OTH OUTPTNT	23	34	728.18	21.42	.020	31.66	.42
@COUNTY HOSPITAL TOTAL	7	40 \$	1,042.75	\$ 26.07	.023 \$		\$.60
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0				.00	.00
ADMINISTRATIVE DAYS		0	.00	.00	.000		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	40	1,042.75	26.07	.023	148.96	.60
	/						
MEDICAL	4	4	122.05	30.51	.002	30.51	.07
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	20	309.75	15.49	.012	154.88	.18
RADIOLOGY	2	4	175.97	43.99	.002	87.99	.10
ROOM USE	6	10	367.80	36.78	.006	61.30	.21
CROSSOVERS/ALL OTH OUTPTNT	2	2	67.18	33.59	.001	33.59	.04
				EDODE EOD TAM			
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 13,303
MOP024	FEE-FOR-SERVICE						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR MEDICALLY	INDIGENT - CHILDRE	N - TOTAL			
					MON	THLY AVERA	GE
1,731 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
_,	0.0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMINITY HOSDITAL TOTAL	5 0	207 \$	8,041.21	\$ 38.85	.120 \$		
@COMMUNITY HOSPITAL TOTAL			0 041 21	دە. دە. د	. TZU \$	TTT.00	φ 4.00
COMM HOOD THE TERM MOTE	72	·	•		•	1110 05	1 11
COMM HOSP INPATIENT TOTAL	2	3	2,298.10	766.03	.002	1149.05	1.33
HSC HOSPITALS	2 0	3	2,298.10 .00	766.03	.002	.00	.00
	2 0 2	3 0 3	2,298.10 .00 2,298.10	766.03 .00 766.03	.002 .000 .002	.00 1149.05	.00 1.33
HSC HOSPITALS	2 0	3	2,298.10 .00	766.03	.002	.00	.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	3		1,124.55		374.85	.002		562.28		.65
ANCILLARIES	2	0		1,173.55		.00	.000		586.78		.68
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER INPATIENT		-		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	70	204		5,743.11		28.15	.118		82.04		3.32
MEDICAL	8	9		419.58		46.62	.005		52.45		.24
SURGERY	8	8		292.90		36.61	.005		36.61		.17
PATHOLOGY	16	71		804.54		11.33	.041		50.28		.46
RADIOLOGY	24	30		1,150.05		38.34	.017		47.92		.66
ROOM USE	44	54		2,415.04		44.72	.031		54.89		1.40
CROSSOVERS/ALL OTH OUTPTNT		32		661.00		20.66	.018		31.48		.38
@STATE HOSPITAL	4	0	\$	11,760.78	Ś	.00		Ś	2940.20	Ś	6.79
MENTALLY ILL	1	Õ	٧	11,760.78	٧	.00	.000	Y	2940.20	Y	6.79
		0				.00	.000		.00		
DEVELOP. DISABLED	12	364	4	.00	4			4	20172.59	4	.00
@NURSING FACILITY			\$		\$	665.03		Ş		Ş	139.84
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		364		242,071.05		665.03	.210		20172.59		139.84
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	- T	.00	-	.00	.000	-	.00	-	.00
ICF DD	0	Õ		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	4		4		.000	4		4	
@HEMODIALYSIS TOTAL	0		\$		\$.00		Ş	.00	Ş	.00
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0 2 2		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	2	\$	77.77	\$	38.89	.001	\$	77.77	\$.04
HOSPITAL BASED	1	2		77.77		38.89	.001		77.77		.04
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	134	253	\$	3,067.61	\$	12.12	.146	\$	22.89	\$	1.77
PATHOLOGY	134	253		3,067.61		12.12	.146	•	22.89		1.77
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	783	1,150	\$		\$.664	Ġ	220.37	Ś	99.68
CLINIC	47	98	٧	2,585.73	٧	26.39	.057	Y	55.02	Y	1.49
SURGICENTER	1	4		168.21		42.05	.002		168.21		.10
		0									
HEROIN DETOX CLINIC	0	-		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	736	1,048		169,793.60		162.02	.605		230.70	_	98.09
#CALIF DEPT OF HEALTH SERV			JRES	MONTH-OF-PAYMENT RI	EPOR.	I FOR JAN	2003 THRU	DE(2 2003	F	PAGE 13,304
MOP024	FEE-FOR-SERVIC	'									01/29/04
SANTA BARBARA COUN	SUMMARY OF SER	VICES FOR MEDICA	ALLY	INDIGENT - CHILDREN	1 - 2	FOTAL					
							M	ON'	THLY AVERA	GΕ	
1,731 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	127	369	\$	13,307.66	\$	36.06	.213	\$	104.78	\$	7.69
DURABLE MED. EQUIP.	11	26				124.97	.015				1.88
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	Ő		.00		.00	.000		.00		.00
	4	12		399.21		33.27	.007		99.80		
MEDICAL TRANSPORTATION	4										. 23
AMBULANCES/AIR TRANS	4	12		399.21		33.27	.007		99.80		.23
OTHER TRANS	Ü	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	55	55		5,508.50		100.15	.032		100.15		3.18
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
-00011111011111111111111111111111111111	9	9		.00		• • • •	.000				

OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	161.38	80.69	.001	161.38	.09
PROSTHETICS	1	2	161.38	80.69	.001	161.38	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	15	902.20	60.15	.009	451.10	.52
SPEECH AND AUDIOLOGY	1	3	195.80	65.27	.002	195.80	.11
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	52	255	2,860.67	11.22	.147	55.01	1.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	30.67	30.67	.001	30.67	.02
@CALIF. CHILDREN SERVICES*	35	11,826	\$ 15,583.68	\$ 1.32	6.832	\$ 445.25	\$ 9.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,305 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR	MIA - NO) SOC	- AID PAID PEND.	ING AID CODE			~	
							MONT			
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVERAGE COST		COST PER		T PER
		OR DAYS	OF CARE			PER UNIT/DAY		USER		GIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00		.00
OFFICE VISITS	0		0		.00	.00	.000	.00		.00
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00		.00
PREVENTIVE CARE	Ô		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00
	0		0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		-							
INPATIENT VISITS	0		0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00		.00
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00		.00
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
	0		0							
ASSISTANT SURGEON	0		-		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	U		0		.00	.00	.000	.00		.00
DIALYSIS	U		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
PSYCHIATRY	0		0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00		.00
@PHARMACY	0		0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00		.00
SNF/ICF	0		0		.00	.00	.000	.00		.00
OUTPATIENTS	0		0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0		Ö		.00	.00	.000	.00		.00
@DENTIST	0		Ö	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	Ô		0	٧	.00	.00	.000	.00	Υ	.00
ORAL SURGERY	0		Ö		.00	.00	.000	.00		.00
DRUGS	0		0		.00	.00	.000	.00		.00
	0		-							
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00		.00

MOP024

SANTA BARBARA COUN

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

PAGE 13,306

01/29/04

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG ELIGIBLE OR DAYS OF CARE USER @OPTOMETRIST 0 0 \$.00 \$.00 .000 \$.00 \$.00 0 0 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .000 .00 0 .00 . 00 .000 . 00 . 00 EYE APPLIANCES 0 .00 0 .00 .00 .000 OTHER OPTOMETRIC SERVICES .00 .00 @CHIROPRACTOR Ś .00 \$.00 .000 \$.00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 \$ @PODIATRIST Ω \$.00 \$.00 .000 \$.00 .00 .000 .00 MEDICINE/INJECTIONS .00 .00 .00 SURGERY/ANES. .00 .000 .00 .00 0 .00 .00 RADIO./PATHOLOGY .00 .000 .00 .000 0 .00 . 00 . 00 . 00 OTHER @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 Ś .00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 Ś .00 \$.00 .00 .000 .00 \$.00 NURSE MIDWIFE \$ \$ \$.00 .000 Ś .00 Ś PEDIATRIC NURSE PRACTITIONER .00 .00 .000 Ś FAMILY NURSE PRACTITIONER .00 .00 \$.00 Ś .00 @TOTAL HOSPITAL .00 .00 .000 .00 Ś .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .000 .00 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .000 .00 ACCOMMODATIONS ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 0 .00 .00 .000 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 . 00 .00 .000 ANCILLARIES 0 .00 .00 .00 .00 .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .00 .000 . 00 ALL OTHER INPATIENT .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 MEDICAL .00 .00 .000 .00 .00 .00 .00 .00 SURGERY .000 .00 .000 PATHOLOGY .00 .00 .00 .00 0 .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 ROOM USE .00 .000 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 @COUNTY HOSPITAL TOTAL .00 .00 .000 \$.00 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 . 00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 ALL OTHER ACCOM .00 .000 .00 ANCILLARIES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS ALL OTHER INPATIENT .00 .00 .000 .00 .00 CO HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 PATHOLOGY .00 .00 .00 .000 .00 .00 RADIOLOGY .00 .00 ROOM USE .00 .000 .00 .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .000 Ω .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,307 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN

SANTA BARBARA COUN	SUMMARI OF SERV	ICES FOR MIA - I	0 500	AID PAID PEND.	TING	AID CODE	0.1	ONTER		aп	
OO BLIGIDIES	HOEDO	INTERCOR CERTIFICA	,	EXPENDIBLE	7. 7. 7.		M				GOGEL DED
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	Ő		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	Ô		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
MEDICAL	•	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	U		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000	•	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	4	.00		بي	.00	۲,	
@INTERMEDIATE CARE FACILDD	0	0	Ą		\$.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	4.	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	т.	.00	-	.00	.000	т.	.00	т.	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			DEC MC	ONTH-OF-PAYMENT R	יתסתים			חהם		_	
			CES MC	DNIH-OF-PAIMENI R	EPUR	I FOR JAN 2	2003 IHRU	DEC	2003	P	PAGE 13,308
MOP024	FEE-FOR-SERVICE				TATO	ATD CODE	0.1				01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR MIA - I	10 500	C - AID PAID PEND	TNG	AID CODE				~=	
			_				M				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE CIVEN	AC A CEDARATE T	NEODMATION ITEM ONLY	<i>7</i> :				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,309
MOP024 FEE-FOR-SERVICE/DENTAL
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

SANTA BARBARA COUN	SUMMARY OF SERV	LCES FOR MIA - N	10 SOC	- PREGNANT	AID CODE	86		
						MC	NTHLY AVERAG	E
05 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	240	647	\$	77,590.44	\$ 119.92	129.400	\$ 323.29	\$ 15518.09
@PHYSICIANS SERVICES	13	54	\$	1,910.02	\$ 35.37	10.800	\$ 146.92	\$ 382.00
OUTPATIENT VISITS	12	42		1,608.33	38.29	8.400	134.03	321.67
OFFICE VISITS	3	3		124.80	41.60	.600	41.60	24.96
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		108.08	108.08	.200	108.08	21.62
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	10	38		1,375.45	36.20	7.600	137.55	275.09
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	144.42	14.44	2.000	48.14	28.88
RADIOLOGY	2	2	157.27	78.64	.400	78.64	31.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	5	8	\$ 729.04	\$ 91.13	1.600	\$ 145.81	\$ 145.81
PRESCRIPTION DRUGS	4	6	638.30	106.38	1.200	159.58	127.66
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	4	6	638.30	106.38	1.200	159.58	127.66
MEDICAL SUPPLIES	1	2	90.74	45.37	.400	90.74	18.15
@DENTIST	31	138	\$ 3,569.00	\$ 25.86	27.600	\$ 115.13	\$ 713.80
VISITS - DIAGNOSTIC	26	109	1,481.00	13.59	21.800	56.96	296.20
ORAL SURGERY	4	7	400.00	57.14	1.400	100.00	80.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	1	1	55.00	55.00	.200	55.00	11.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	9	21	1,633.00	77.76	4.200	181.44	326.60	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 13,310	
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04	
SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR MIA - NO SO	OC - PREGNANT	AID CODE 8	86			
				-	MONT	HLY AVERAC	E	

SANTA BARBARA COUN	SUMMARY OF SERVI		MTA - N	n snc –	DREGNANT		AID CODE	86		01/25/01
DANTA DARDARA COUN	SOMMAKI OF SERVI	ICED FOR	MIA IN	0 500	FILEGUAIVI		AID CODE		THLY AVERAGE	'
05 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	Δ1/1	ERAGE COST	UNITS/DAYS		COST PER
05 EDIGIBLES	OBERB		OF CARE		EXFENDITORES			PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	OR DAID	0	\$.00	\$.00	.000		
DIAGNOSTIC AND ANC. PROCED	0		0	Ą	.00	Ą	.00	.000	.00	.00
EYE APPLIANCES	0		0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000	.00	.00
	0		0	\$.00	\$.00	.000		
@CHIROPRACTOR VISITS	0		0	Ą	.00	Ą	.00	.000	.00 ş	.00
	0		0		.00		.00	.000	.00	.00
OTHER SERVICES @PODIATRIST	0		0	Ċ	.00	Ġ	.00	.000		
MEDICINE/INJECTIONS	0		0	Ą	.00	Ą	.00	.000	.00	.00
	0		0		.00			.000	.00	
SURGERY/ANES.	0		0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0		0		.00		.00	.000	.00	.00
OTHER	0			d		4				
@HOME HEALTH AGENCY	0		0 0	Ş C	.00	Ş	.00	.000 \$		
NURSE ANESTHESIST	0		0	Ş d		Ş				
NURSE MIDWIFE	U			Ş	.00	Ş	.00	.000		
PEDIATRIC NURSE PRACTITIONER	0		0	Ş	.00	Ş	.00	.000		
FAMILY NURSE PRACTITIONER	0		0	Ş	.00	Ş	.00	.000		
@TOTAL HOSPITAL	2		1CR	Ş	1,549.19CR			.200CR\$		
HOSP INPATIENT TOTAL	U		5CR		1,629.21CR		325.84	1.000CR	.00	325.84CR
HSC HOSPITALS	0		0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0		5CR		1,629.21CR		325.84	1.000CR	.00	325.84CR
ACCOMMODATIONS	0		5CR		1,305.15CR		261.03	1.000CR	.00	261.03CR
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0		5CR		1,305.15CR		261.03	1.000CR	.00	261.03CR
ANCILLARIES	0		0		324.06CR		.00	.000	.00	64.81CR
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2		4		80.02		20.01	.800	40.01	16.00
MEDICAL	0		0		.00		.00	.000	.00	.00
SURGERY	0		0		.00		.00	.000	.00	.00
PATHOLOGY	1		2		13.45		6.73	.400	13.45	2.69
RADIOLOGY	0		0		.00		.00	.000	.00	.00
ROOM USE	2		2		66.57		33.29	.400	33.29	13.31
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000	.00	.00
HSC HOSPITALS	0		0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00	.00
ANCILLARIES	0		0		.00		.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES I	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 13,311
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR MIA - NO SO	OC - PREGNANT	AID CODE	86		
					MONTH	ILY AVERAG	E

SANTA BARBARA COUN	SUMMARI OF SERVI	OC ON - AIM AUT CESI	- PREGNANT	AID CODE			
05 51 10151 50		INITES OF SERVICE				THLY AVERAGE	
05 ELIGIBLES	USERS		EXPENDITURES	AVERAGE COST			COST PER
	0	OR DAYS OF CARE	1 540 1000	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	1CR \$		\$ 1549.19	.200CR\$	774.60CR\$	
COMM HOSP INPATIENT TOTAL	0	5CR	1,629.21CR		1.000CR	.00	325.84CR
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	5CR	1,629.21CR		1.000CR	.00	325.84CR
ACCOMMODATIONS	0	5CR	1,305.15CR		1.000CR	.00	261.03CR
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	5CR	1,305.15CR		1.000CR	.00	261.03CR
ANCILLARIES	0	0	324.06CR		.000	.00	64.81CR
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	4	80.02	20.01	.800	40.01	16.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	13.45	6.73	.400	13.45	2.69
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	66.57	33.29	.400	33.29	13.31
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	6 \$	122.63	\$ 20.44	1.200 \$	40.88 \$	
PATHOLOGY	3	6	122.63	20.44	1.200	40.88	24.53
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	176	398 \$	68,188.94	\$ 171.33	79.600 \$		13637.79
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
IIIII DI IOII CIIIIIC	J	Č	.00	.00		• • • •	

RURAL HEALTH CLINIC 176 398 68,188.94 171.33 79.600 387.44 13637.79 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,312 01/29/04 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

					MON'	THLY AVERAGE	
05 ELIGIBLES	USERS UI	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	44	44 \$	4,620.00	\$ 105.00	8.800 \$	105.00 \$	924.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	44	44	4,620.00	105.00	8.800	105.00	924.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATI	E INFORMATION ITEM O	NLY;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,313 FEE-FOR-SERVICE/DENTAL MOP024 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

DIMITITE BIMEDIMAN COON	7 T O D D T O T T T T T T T T T T T T T T						
					MO	NTHLY AVERA	GE
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	240	647 \$	77,590.44	\$ 119.92	129.400	\$ 323.29	\$ 15518.09
@PHYSICIANS SERVICES	13	54 \$	1,910.02	\$ 35.37	10.800	\$ 146.92	\$ 382.00
OUTPATIENT VISITS	12	42	1,608.33	38.29	8.400	134.03	321.67
OFFICE VISITS	3	3	124.80	41.60	.600	41.60	24.96
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.200	108.08	21.62
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	10	38	1,375.45	36.20	7.600	137.55	275.09
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	10		144.42		14.44	2.000		48.14		28.88
RADIOLOGY	2	2		157.27		78.64	.400		78.64		31.45
PSYCHIATRY	ñ	n n		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	5	8	\$	729.04	Ś	91.13	1.600	\$	145.81	Ġ	145.81
PRESCRIPTION DRUGS	Δ	6	٧	638.30	¥	106.38	1.200	٧	159.58	Y	127.66
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	4	6		638.30		106.38	1.200		159.58		127.66
MEDICAL SUPPLIES	1	2		90.74		45.37	.400		90.74		18.15
@DENTIST	31	138	\$	3,569.00	\$	25.86	27.600	\$	115.13	Ġ	713.80
VISITS - DIAGNOSTIC	26	109	٧	1,481.00	¥	13.59	21.800	٧	56.96	Y	296.20
ORAL SURGERY	4	7		400.00		57.14	1.400		100.00		80.00
DRUGS	0	ń		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		55.00		55.00	.200		55.00		11.00
ENDODONTICS	0	Û		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	o a	21		1,633.00		77.76	4.200		181.44		326.60
PROSTHETICS	0	<u> </u>		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EADEMDILLI O	DEC M		הטטטיי			שמ		D.	AGE 13,314
MOP024	FEE-FOR-SERVICE/DENT	_	ı√ıΩ NII	ONIII-OF-PAIMENT R	EPOR1	. FOR UAN	ZUUS IRKU	שהר	2003	PF	01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES		NTO GO	C _ TOTAI							01/25/04
MIUUJ BARDARA CUUN	CECTIVATE TO LAMINUS	FOR MIA	100 501	C - IOIAL			M	ייידוא	עמשווע עזנ	CF	
OF FITCIBLES	HCFBC HMTT	C OF CERTIC		EADENDIAIDEC	7, 7, 7, 7	ים אכים מסמי			TOUT DED		

						MON	THLY AVERAG	3E	
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000	.00		.00
EYE APPLIANCES	0	0	.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00		.00
SURGERY/ANES.	0	0	.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
OTHER	0	0	.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	2	1CR	\$ 1,549.19CR	\$	1549.19	.200CR\$	774.60CR	2\$	309.84CR

HOSP INPATIENT TOTAL	0	5CR	1,629.21CR	325.84	1.000CR	.00	325.84CR
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	5CR	1,629.21CR	325.84	1.000CR	.00	325.84CR
ACCOMMODATIONS	0	5CR	1,305.15CR	261.03	1.000CR	.00	261.03CR
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	5CR	1,305.15CR	261.03	1.000CR	.00	261.03CR
ANCILLARIES	0	0	324.06CR	.00	.000	.00	64.81CR
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	4	80.02	20.01	.800	40.01	16.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	13.45	6.73	.400	13.45	2.69
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	66.57	33.29	.400	33.29	13.31

CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR:	ES MONTH-OF-PA	YMENT RE	PORT	FOR JAN 20	03 THRU DEC	2003	PAGE 13,315
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	MIA - NO	O SOC - TOTAL						

----- MONTHLY AVERAGE -----05 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** @COMMUNITY HOSPITAL TOTAL 1CR \$ 1,549.19CR \$ 1549.19 .200CR\$ 774.60CR\$ 309.84CR COMM HOSP INPATIENT TOTAL 5CR 1,629.21CR 325.84 1.000CR .00 325.84CR 0 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL 5CR 1,629.21CR 325.84 1.000CR .00 325.84CR ACCOMMODATIONS 5CR 1,305.15CR 261.03 1.000CR .00 261.03CR ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE 0 .00 .000 .00 .00 .00 1,305.15CR 261.03 1.000CR 261.03CR ALL OTHER ACCOM ANCILLARIES 0 324.06CR .00 .000 .00 64.81CR INPATIENT CROSSOVERS .00 0 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 80.02 20.01 40.01 COMM HOSP OUTPATIENT TOTAL .800 16.00 MEDICAL .00 .00 .000 .00 .00 .00 SURGERY .00 .00 .000 .00 13.45 6.73 13.45 2.69 PATHOLOGY .400 RADIOLOGY 0 .00 .00 .000 .00 .00 ROOM USE 66.57 33.29 .400 33.29 13.31 .00 CROSSOVERS/ALL OTH OUTPTNT .00 .000 .00 .00 @STATE HOSPITAL .00 .00 .00 .00 .000 MENTALLY ILL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 .00 .00 .00 LEV B-REHAB MD .000 0 .00 LEV B-SUBACUTE FREESTANDING .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .00 .000 .00 LEV B-REGULAR 0 .00 .000 .00 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 .00 ICF DDH .00 .00 .000 .00 .00 .00 .00 .00 .00 ICF DD .000 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 .00 @HEMODIALYSIS TOTAL .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL BASED HEMODIALYSIS CENTER .00 .00 .000 .00 .00

@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00	
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00	
@LABORATORY FACILITY	3	6	\$	122.63	\$	20.44	1.200	\$ 40.88	\$	24.53	
PATHOLOGY	3	6		122.63		20.44	1.200	40.88		24.53	
XO AND OTHERS	0	0		.00		.00	.000	.00		.00	
@ORGANIZED OUTPATIENT CLINIC	176	398	\$	68,188.94	\$	171.33	79.600	\$ 387.44	\$	13637.79	
CLINIC	0	0		.00		.00	.000	.00		.00	
SURGICENTER	0	0		.00		.00	.000	.00		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00	
RURAL HEALTH CLINIC	176	398		68,188.94		171.33	79.600	387.44		13637.79	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU I	DEC 2003	P	AGE 13,316	
MOP024	FEE-FOR-SERVICE/D	ENTAL								01/29/04	
SANTA BARBARA COUN	SUMMARY OF SERVICE	ES FOR MIA - N	10 SO	C - TOTAL							
							MO	ONTHLY AVERA	AGE		
05 ELIGIBLES	USERS U	NITS OF SERVICE	:	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S COST PER		COST PER	
		OR DAYS OF CARE	3		PEF	R UNIT/DAY	PER ELIG	USER		ELIGIBLE	
@ALL OTHER PROVIDERS	44	44	Ś	4.620.00	Ś	105.00	8.800	\$ 105.00	Ś	924.00	

05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	44	44	\$ 4,620.00	\$ 105.00	8.800	\$ 105.00	\$ 924.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	44	44	4,620.00	105.00	8.800	105.00	924.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000		\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLIDED IN THE APPROPRIATE DETAIL LINES ABOVE

** THESE DATA ARE INCLUDED I	IN THE APPROPRIATE DETAIL LINES ABOVE.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 13,317
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53	

							M	CNO	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3	6	\$	339.64	\$	56.61	.000	\$	113.21	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	2	2	0.0	0.0	0.00	0.0	0.0
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
HOSPITAL VISITS	U	U	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	Ü	Ü	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	U	U	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
	0	0					
OTHER SERVICES/ALL X-OVERS	0		.00	.00	.000	.00	.00
@PHARMACY	Ü	0 \$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	5 \$	145.00	\$ 29.00	.000 \$	72.50	
	2	5 Ý	145.00	•	·	72.50	·
VISITS - DIAGNOSTIC	2	5		29.00	.000		.00
ORAL SURGERY	Ü	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
	0	0					
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	Ü	Ü	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	₹	S AND EXPENDITURES MO					
#CALIF DEPT OF HEALTH SERV			NIH-OF-PAIMENI RE	PORT FOR JAN 2	OUS THRO DEC	2003	PAGE 13,318
MOP024	FEE-FOR-SERVICE/						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR MIA - SOC - 1	LTC	AID CODE	53		
					MONT	HLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	
	0	0		•	.000	.00	.00
DIAGNOSTIC AND ANC. PROCED		-	.00	.00			
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	Ô	0 \$.00	\$.00	.000 \$.00	
OI ODILLIKIOI	0	υş	.00	٠.٠٠	٠٥٥٥ ې	.00	7 .00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00		.000 \$		
NURSE ANESTHESIST	0	0 \$.00		.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00		.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	•	.000 \$		•
FAMILY NURSE PRACTITIONER	0	0 \$.00	•	.000 \$		•
@TOTAL HOSPITAL	0	0 \$.00	•	.000 \$		•
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00		.000		
CO HOSPITAL INPATIENT TOTAL	0	0 3	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00		.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES		REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 13,319
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR MIA - SOC	- LTC	AID COD	E 53		
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAT		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	000	.00	0.0
	U	Ū			.000		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	194.64	\$ 1	94.64	.000	\$	194.64	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		194.64	1	94.64	.000		194.64		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-OF	-PAYMENT REP	ORT E	OR JAN 2003	THRU	DEC	2003	PAG	E 13,320
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	MIA - S	OC - LTC		I	AID CODE 53					

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .000 \$ @ALL OTHER PROVIDERS .00 \$.00 .00 \$.00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK .00 .00 .000 0 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 .00 AMBULANCES/AIR TRANS .00 .000 .00 .00 .00 OTHER TRANS .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .00 PSYCHOLOGIST .000 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 HOSPICE SERVICES .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 .000 .00 .00 .00 \$ \$ \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,321 EPT OF HEALTH SERV MEDITCAD SERVICES INC. ____

FEE-FOR-SERVICE/DENTAL

ARBARA COUN SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

SANTA BARBARA COUN

01/29/04

----- MONTHLY AVERAGE -----

DAYS OF CARE

12 \$ 1,849.93 \$ 154.16 .000 \$ 308.32 6

0 \$ 0 \$ 00 ELIGIBLES USERS UNIT
OR
TAL, ALL PROVIDERS 6
YSICIANS SERVICES 0
UTPATIENT VISITS 0
OFFICE VISITS 0
HOME VISITS 0
EMERGENCY ROOM 0
PREVENTIVE CARE 0
OB VISITS/COMPRE PERI 0
OTHER OUTPATIENT 0
NPATIENT VISITS 0 UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS 0 INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS 0
INPATIENT HOSPITAL SURGERY 0
PRINCIPAL SURGEON ASSISTANT SURGEON 0
ANESTHESIOLOGIST 0
DUTPATIENT SURGERY 0
PRINCIPAL SURGEON 0
ASSISTANT SURGEON 0
ANESTHESIOLOGIST 0
DIALYSIS 0
PATHOLOGY 0
EADIOLOGY 0
ESYCHIATRY 0 ASSISTANT SURGEON OUTPATIENT SURGERY DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS 0 0 @PHARMACY PRESCRIPTION DRUGS 0
SNF/ICF 0
OUTPATIENTS 0
MEDICAL SUPPLIES 0
DENTIST 1
VISITS - DIAGNOSTIC 1
ORAL SURGERY 0
DRUGS 0
ANESTHESIA 0
PERIODONTICS 0
ENDODONTICS 0 0 @DENTIST 0 0 0 0 0 ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,322 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

00 ELIGIBLES	USERS (NITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
CORMOMETER	0	OR DAYS OF CARE	0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO					PAGE 13,323
MOP024	FEE-FOR-SERVICE/I		MIII OF EATHERN REE	ORT FOR UAN 2	OUS TIMO DEC		01/29/04
SANTA BARBARA COUN		CES FOR MIA - SOC - 1	PREGNANT	AID CODE	87		01/27/01
SILITII DIMOIMII COOM	Sommer of Shivit	20 1010 11111 000	T 1/17/01/11/11	1110 CODE		רעד.ע אוודם	그다

		OR DAYS OF	CARE			DEB	UNIT/DAY	DER ELT	2	USER	E.	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0			5	.00	\$.00	.000		.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0	•	.00	4	.00	.000	7	.00	т	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		n		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		n		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		n		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
	0		0									
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0 5	5	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0 5	5	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0 5	4	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	r	.00	Ψ.	.00	.000	т	.00	Ψ	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0			5	.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0		0 .	?	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0		0					.000				
HEMODIALYSIS CENTER	0			4	.00	d	.00		4	.00	Ċ.	.00
@REHABILITATION FACILITY	0			5	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00	_	.00	.000		.00		.00
@LABORATORY FACILITY	0			5	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	5	1		5	1,849.93	\$	184.99	.000	\$	369.99	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	1	0		1,849.93		184.99	.000		369.99		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPEND	ITURES	S MON	TH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU	DEC	2003	PA	GE 13,324
MOP024	FEE-FOR-SERVICE	/DENTAL										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV		- SO	- P	REGNANT		AID CODE	87				
]	HTMON	ILY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SER	VICE		EXPENDITURES	AVE	RAGE COST					OST PER
		OR DAYS OF					UNIT/DAY			USER		LIGIBLE
@ALL OTHER PROVIDERS	0		0 5	5	.00	\$.00	.000		.00	Ś	.00
DURABLE MED. EQUIP.	0		0		.00	•	.00	.000		.00	•	.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	U		O .		.00		.00	.000		.00		.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,325 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

	201111111	1010		101111			MO	ONTI	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS	OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	9		18	\$ 2,189.57	\$	121.64	.000	\$	243.29	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0	.00		.00	.000		.00		.00
OFFICE VISITS	0		0	.00		.00	.000		.00		.00
HOME VISITS	0		0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0	.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0	.00		.00	.000		.00		.00
INPATIENT VISITS	0		0	.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0	.00		.00	.000		.00		.00
CRITICAL CARE	0		0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0	.00		.00	.000		.00		.00
EXAMINATIONS	0		0	.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0	.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0	.00		.00	.000		.00		.00
DIALYSIS	0		0	.00		.00	.000		.00		.00
PATHOLOGY	0		0	.00		.00	.000		.00		.00
RADIOLOGY	0		0	.00		.00	.000		.00		.00
PSYCHIATRY	0		0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0	.00		.00	.000		.00		.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0	.00		.00	.000		.00		.00
SNF/ICF	0		0	.00		.00	.000		.00		.00
OUTPATIENTS	0		0	.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0	.00		.00	.000		.00		.00
@DENTIST	3		7	\$ 145.00	\$	20.71	.000	\$	48.33	\$.00
VISITS - DIAGNOSTIC	3		7	145.00		20.71	.000		48.33	-	.00
ORAL SURGERY	0		0	.00		.00	.000		.00		.00
DRUGS	0		0	.00		.00	.000		.00		.00
ANESTHESIA	0		0	.00		.00	.000		.00		.00
PERIODONTICS	0		0	.00		.00	.000		.00		.00
ENDODONTICS	0		0	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0	.00		.00	.000		.00		.00
PROSTHETICS	0		0	.00		.00	.000		.00		.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 13,326
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - SOC - TOTAL ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 Ś .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 EYE APPLIANCES .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .000 \$.00 \$.00 .00 .00 .00 .00 .000 . 00 VISITS OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 .00 .000 .00 .00 NURSE ANESTHESIST .00 \$.00 .000 .00 \$.00 .000 NURSE MIDWIFE .00 \$.00 .00 Ś .00 .00 .00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 ACCOMMODATIONS .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PATHOLOGY RADIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ROOM USE .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .00 CO HOSPITAL INPATIENT TOTAL .000 .00 HSC HOSPITALS .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00 .00 .000 . 00 CO HOSP OUTPATIENT TOTAL .00 MEDICAL .00 .00 .000 .00 .00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 13,327
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - SOC - TOTAL ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 .00 .000 .00 \$.00 COMM HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .000 . 00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 RADIOLOGY .00 .00 .00 .00 .000 .00 ROOM USE CROSSOVERS/ALL OTH OUTPTNT .00 .00 .000 .00 .00 0 .00 \$.00 .000 .00 .00 @STATE HOSPITAL \$ MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 .00 .00 @NURSING FACILITY .00 .000 .00 LEV A-INTERMEDIATE .00 .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .000 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 LEV B-REGULAR 0 .00 .00 .000 .00 .00 0 .00 @INTERMEDIATE CARE FACIL.-DD .00 .000 .00 .00 ICF DDH 0 .00 .00 .000 .00 .00 ICF DD .00 .00 .000 .00 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 @HEMODIALYSIS TOTAL .00 .000 .00 .00 .00 \$ HOSPITAL BASED .00 .00 .000 .00 .00 Ω .00 .00 .000 .00 .00 HEMODIALYSIS CENTER .00 .00 .000 .00 .00 @REHABILITATION FACILITY HOSPITAL BASED .00 .00 .000 .00 .00 0 .00 .00 INDEPENDENT FACILITY .00 .000 .00 0 @LABORATORY FACILITY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 0 .00 .000 XO AND OTHERS .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 11 2,044.57 185.87 340.76 .00 .000 CLINIC 0 .00 .00 .000 .00 .00 SURGICENTER 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HEROIN DETOX CLINIC RURAL HEALTH CLINIC 11 2,044.57 185.87 .000 340.76 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 13,328

01/29/04

FEE-FOR-SERVICE/DENTAL SANTA BARBARA COUN SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

MOP024

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

----- MONTHLY AVERAGE -----

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,329 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR FOR FUTURE USE

DIMITITE DIMEDIMENT COCK	DOIMERT OF DELL						
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	1 2003 THRU	DEC 2003	PAGE 13,330
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR FOR FUTURE	E USE				
					M	ONTHLY AVERAGE	GE

						M	ONT	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 13,331
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICE	S FOR FOR FUTURE U	SE				
					MON	THLY AVERAG	E
00 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0.	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

00						MON1		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$	
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	Ô	0		.00	.00	.000	.00	.00
RADIOLOGY	Û	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$	
MENTALLY ILL	0	0	Y	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$	
LEV A-INTERMEDIATE	0	0	Ą	.00	.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
	0	0						
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	4	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00 \$	
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	4.	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00

PATHOLOGY	0	0		00	.00	.000	.00	.00
XO AND OTHERS	0	0	•	00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.	00 \$.00	.000	\$.00	\$.00
CLINIC	0	0		00	.00	.000	.00	.00
SURGICENTER	0	0		00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE:	S MONTH-OF-PAYMEN	report	FOR JAN	2003 THRU I	DEC 2003	PAGE 13,332
MOP024	FEE-FOR-SERVICE/DENTA	L						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES F	OR FOR FUTU	RE USE					
						MO	ONTHLY AVERA	GE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	Ō	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$	
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,333 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

----- MONTHLY AVERAGE -----05 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 249 665 79,780.01 \$ 119.97 133.000 \$ 320.40 \$ 15956.00 @PHYSICIANS SERVICES 13 54 1,910.02 35.37 10.800 \$ 146.92 \$ 382.00 12 OUTPATIENT VISITS 42 1,608.33 38.29 8.400 134.03 321.67 3 3 124.80 41.60 .600 41.60 24.96 OFFICE VISITS HOME VISITS 0 0 .00 .00 .000 .00 .00 108.08 .200 108.08 EMERGENCY ROOM 1 108.08 21.62 .000 .00 .00 PREVENTIVE CARE 0 0 .00 .00 OB VISITS/COMPRE PERI 10 38 1,375.45 36.20 7.600 137.55 275.09

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	Ō		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	Ö		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
CRITICAL CARE	0	0									.00
SNF/ICF/TRANS IP CARE	Ü	Ü		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	0	0									
ANESTHESIOLOGIST	U	U		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	Ü	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	10		144.42		14.44	2.000		48.14		28.88
RADIOLOGY	2	2		157.27		78.64	.400		78.64		31.45
	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0										
IMMUNIZATION AND INJECTION	U	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	5	8 \$		729.04	\$	91.13	1.600	\$		\$	145.81
PRESCRIPTION DRUGS	4	6		638.30		106.38	1.200		159.58		127.66
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	4	6		638.30		106.38	1.200		159.58		127.66
MEDICAL SUPPLIES	1	2		90.74		45.37	.400		90.74		18.15
@DENTIST	34	145 \$		3,714.00	\$	25.61	29.000	Ś		\$	742.80
VISITS - DIAGNOSTIC	29	116			Ą	14.02	23.200	Ą	56.07	Ą	325.20
		7		1,626.00							
ORAL SURGERY	4			400.00		57.14	1.400		100.00		80.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		55.00		55.00	.200		55.00		11.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	9	21		1,633.00		77.76	4.200		181.44		326.60
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	Ō		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	Ö		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0									
ORTHODONTIC SERVICES	•			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		MONTH-OF	-PAYMENT RE	EPORT :	FOR JAN	2003 THRU	DEC	2003	P	PAGE 13,334
MOP024	FEE-FOR-SERVICE/I										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVIC	ES FOR MEDICALLY	INDIGENT	- ADULTS -	- TOTA	L					
							I	TION	HLY AVERA	AGE	
05 ELIGIBLES	USERS U	NITS OF SERVICE	EXP	ENDITURES	AVER.	AGE COST	UNITS/DA	ZS.	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	•	.00	.000	•	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		
OTHER OPTOMETRIC SERVICES	· ·				d	.00		4		4	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	Ş	.00	\$.00
VISITS	Ü	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY											
	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00 .00	.000		.00		.00

@HOME HEALTH AGENCY	0	0 \$.00 \$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0 \$.00 \$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0 \$.00 \$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00 \$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00 \$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	2	1CR \$	1,549.19CR \$	1549.19	.200CR\$	774.60CR\$	309.84CR
HOSP INPATIENT TOTAL	0	5CR	1,629.21CR	325.84	1.000CR	.00	325.84CR
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	5CR	1,629.21CR	325.84	1.000CR	.00	325.84CR
ACCOMMODATIONS	0	5CR	1,305.15CR	261.03	1.000CR	.00	261.03CR
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	5CR	1,305.15CR	261.03	1.000CR	.00	261.03CR
ANCILLARIES	0	0	324.06CR	.00	.000	.00	64.81CR
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

SURGERY 0 0 .00 .00 .00 .00 .00 PATHOLOGY 1 2 13.45 6.73 .400 13.45 2	00
PATHOLOGY 1 2 13.45 6.73 .400 13.45 2.	69 00 31
	00 31
	31
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .	
ROOM USE 2 2 66.57 33.29 .400 33.29 13.	$\cap \cap$
CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00 .00 .	00
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.	00
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00 .	00
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00 .00 .	00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00 .00	00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00 .	00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 .	00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00 .00	00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .	00
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .	00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00 .00	00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00 .	00
CO HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00 .	00
MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00 .00	00
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	00
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00	00
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00	00
ROOM USE 0 0 .00 .00 .00 .00 .00 .00 .00 .00	00
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00 .00 .00 .00	00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13	,335
MOP024 FEE-FOR-SERVICE/DENTAL 01/2	9/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL	
MONTHLY AVERAGE	

05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	1CR \$	1,549.19CR	\$ 1549.19	.200CR\$	774.60CR\$	309.84CR
COMM HOSP INPATIENT TOTAL	0	5CR	1,629.21CR	325.84	1.000CR	.00	325.84CR
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	5CR	1,629.21CR	325.84	1.000CR	.00	325.84CR
ACCOMMODATIONS	0	5CR	1,305.15CR	261.03	1.000CR	.00	261.03CR
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	5CR	1,305.15CR	261.03	1.000CR	.00	261.03CR
ANCILLARIES	0	0	324.06CR	.00	.000	.00	64.81CR
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	4	80.02	20.01	.800	40.01	16.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	13.45	6.73	.400	13.45	2.69
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	66.57	33.29	.400	33.29	13.31
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00 \$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	6	\$	122.63	\$	20.44	1.200	\$	40.88	\$	24.53
PATHOLOGY	3	6		122.63		20.44	1.200		40.88		24.53
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	182	409	\$	70,233.51	\$	171.72	81.800	\$	385.90	\$	14046.70
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	182	409		70,233.51		171.72	81.800		385.90		14046.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES	MONTH-OF-PAYMENT R	EPOR'	r for jan	2003 THRU	DEC	2003	F	PAGE 13,336
MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FO	OR MEDICA	LLY	INDIGENT - ADULTS	- TO:	ΓAL					

SANTA BANDANA COUN	SUMMAKI OF SEK	VICES FOR	MEDICAL	ד דת	TINDIGENI	- ADULIS	IOIAL				
								M	ONTHLY AVER	AGE	
05 ELIGIBLES	USERS	UNITS OF	SERVICE		EXP	ENDITURES	AVERAGE COST	'UNITS/DAY	S COST PER		COST PER
		OR DAYS	OF CARE				PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	44		44	\$		4,620.00	\$ 105.00	8.800	\$ 105.00	\$	924.00
DURABLE MED. EQUIP.	0		0			.00	.00	.000	.00		.00
BLOOD BANK	0		0			.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0			.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0			.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0			.00	.00	.000	.00		.00
OTHER TRANS	0		0			.00	.00	.000	.00		.00
OTHER SERVICES	0		0			.00	.00	.000	.00		.00
ACUPUNCTURE	0		0			.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0			.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	44		44			4,620.00	105.00	8.800	105.00		924.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0			.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0		0			.00	.00	.000	.00		.00
OPTICIAN	0		0			.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0		0			.00	.00	.000	.00		.00
PORTABLE X-RAY	0		0			.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0		0			.00	.00	.000	.00		.00
PROSTHETICS	0		0			.00	.00	.000	.00		.00
ORTHOTICS	0		0			.00	.00	.000	.00		.00
PSYCHOLOGIST	0		0			.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0		0			.00	.00	.000	.00		.00
HOSPICE SERVICES	0		0			.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0		0			.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0		0			.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0		0			.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0		0			.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0		0			.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0		0			.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0		0	\$.00	\$.00	.000	\$.00	\$.00
A TOTAL THE THEOR I THE ADD	CITIENT AC A CEDA	DAME TATEODA	T TACTUAL	ת הבידית	ONTT 3Z •						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,337 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR ALL AGED

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

1,148 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,649	164,139 \$	2,994,526.07	\$ 18.24	142.978 \$	391.49	\$ 2608.47
@PHYSICIANS SERVICES	171	659 \$		\$ 39.84	.574 \$		
OUTPATIENT VISITS	56	67	5,696.47	85.02	.058	101.72	4.96
OFFICE VISITS	3	4	109.50	27.38	.003	36.50	.10
HOME VISITS	7,649 171 56 3 0 52	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	52	62	5,520.81	89.05	.054	106.17	4.81
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	66.16	66.16	.001	66.16	.06
INPATIENT VISITS	26	138	6,431.36	46.60	.120	247.36	5.60
HOSPITAL VISITS	26	133	5,886.06	44.26	.116	226.39	5.13
CRITICAL CARE	4	5	545.30	109.06	.004	136.33	.48
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	25.00	25.00	.001	25.00	.02
EXAMINATIONS	1	1	25.00	25.00	.001	25.00	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	14	82	3,269.44	39.87	.071	233.53	2.85
PRINCIPAL SURGEON	6	10	1,615.58	161.56	.009	269.26	1.41
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	72	1,653.86	22.97	.063	206.73	1.44
OUTPATIENT SURGERY	4	4	373.99	93.50	.003	93.50	.33
PRINCIPAL SURGEON	4	4	373.99	93.50	.003	93.50	.33
	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00
ANESTHESIOLOGIST DIALYSIS	2	3	675.12	225.04	.003	.00 337.56	.59
PATHOLOGY	15	28	1,309.28	46.76	.024	87.29	1.14
	53	28 176					3.94
RADIOLOGY PSYCHIATRY	0	1/6	4,527.39	25.72	.153	85.42	.00
	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION		0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	83	160	3,945.21	24.66	.139	47.53	3.44
@PHARMACY	472 392 153 240 94 2,145	49,591 \$		\$ 1.91	43.198 \$		
PRESCRIPTION DRUGS	392	1,414	84,137.21	59.50	1.232	214.64	73.29
SNF/ICF	153	783	40,550.87	51.79	.682	265.04	35.32
OUTPATIENTS	240	631	43,586.34	69.08	.550	181.61	37.97
MEDICAL SUPPLIES	94	48,177	10,388.44	. 22	41.966	110.52	9.05
@DENTIST	2,145	8,642 \$	•	\$ 45.67	7.528 \$		
VISITS - DIAGNOSTIC	1,331	5,083	64,902.05	12.77	4.428	48.76	56.53
ORAL SURGERY	324	1,109	44,578.18	40.20	.966	137.59	38.83
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1,331 324 0 17	18	1,100.00	61.11	.016	64.71	.96
PERIODONTICS	130	134	19,042.00	142.10	.117	146.48	16.59
ENDODONTICS	68	99	22,523.00	227.51	.086	331.22	19.62
RESTORATIVE DENTISTRY	424	1,097	82,410.50	75.12	.956	194.36	71.79
PROSTHETICS	33	34	1,125.00	33.09	.030	34.09	.98
DENTURES, STAYPLATES	437	1,014	159,034.00	156.84	.883	363.92	138.53
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2	.00	.00	.002	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	46	52	.00	.00	.045	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEG	C 2003	PAGE 13,338
MOP024	FEE-FOR-SERVICE						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR ALL AGED					
					MONT		
1,148 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	2.2	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	20	49 \$	•	\$ 21.62	.043 \$	52.96	
DIAGNOSTIC AND ANC. PROCED	11	8	344.02	43.00	.007	31.27	.30

EYE APPLIANCES	16	35	701.38	20.04	.030	43.84	.61
OTHER OPTOMETRIC SERVICES	1	6	13.74	2.29	.005	13.74	.01
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		
VISITS	0	0	.00	.00	.000	.00	.00
	0						
OTHER SERVICES	_	0	.00	.00	.000	.00	.00
@PODIATRIST	19	22 \$	156.36	\$ 7.11	.019 \$		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	19	22	156.36	7.11	.019	8.23	.14
@HOME HEALTH AGENCY	1	1 \$	74.86	\$ 74.86	.001 \$		
NURSE ANESTHESIST	0		.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	117	686 \$	541,656.03	\$ 789.59	.598	\$ 4629.54	\$ 471.83
HOSP INPATIENT TOTAL	54	250	532,751.08	2131.00	.218	9865.76	464.07
HSC HOSPITALS	1	1	1,195.00	1195.00	.001	1195.00	1.04
	36	242	530,754.87	2193.20		14743.19	462.33
NON-HSC HOSPITAL TOTAL					.211		
ACCOMMODATIONS	36	242	152,216.62	628.99	.211	4228.24	132.59
ADMINISTRATIVE DAYS	2	8	1,098.68	137.34	.007	549.34	.96
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	34	234	151,117.94	645.80	.204	4444.65	131.64
ANCILLARIES	36	0	378,538.25	.00	.000	10514.95	329.74
INPATIENT CROSSOVERS	17	7	801.21	114.46	.006	47.13	.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
		436					
HOSP OUTPATIENT TOTAL	66		8,904.95	20.42	.380	134.92	7.76
MEDICAL	14	18	801.34	44.52	.016	57.24	.70
SURGERY	1	1	10.75	10.75	.001	10.75	.01
PATHOLOGY	33	185	1,731.51	9.36	.161	52.47	1.51
RADIOLOGY	31	49	3,497.79	71.38	.043	112.83	3.05
ROOM USE	25	28	993.41	35.48	.024	39.74	.87
CROSSOVERS/ALL OTH OUTPTNT	45	155	1,870.15	12.07	.135	41.56	1.63
@COUNTY HOSPITAL TOTAL	3	3 \$	1,271.44	\$ 423.81		423.81	
CO HOSPITAL INPATIENT TOTAL	1	1	1,195.00	1195.00	.001	1195.00	1.04
	1	1					
HSC HOSPITALS		0	1,195.00	1195.00	.001	1195.00	1.04
NON-HSC HOSPITALS TOTAL	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0 2					
CO HOSP OUTPATIENT TOTAL	2	2	76.44	38.22	.002	38.22	.07
MEDICAL	0	Ü	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		2	76.44	38.22	.002	38.22	.07
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO					PAGE 13,339
MOP024	FEE-FOR-SERVICE		314111 01 111111111111111111111111111111	Eloni lon om 2	1005 IIIIO DI	10 2005	01/29/04
SANTA BARBARA COUN							01/29/04
SANIA BARBARA COUN	SUMMARY OF SERV	ICES FOR ALL AGED			1401	TOTT 17 ATTO 3	CE
1 140 ========		IDITES OF SS-					GE
1,148 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	114	683 \$	540,384.59	\$ 791.19	.595 \$	\$ 4740.22	\$ 470.72
COMM HOSP INPATIENT TOTAL	53	249	531,556.08	2134.76	.217	10029.36	463.03
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	36	242	530,754.87	2	193.20	.211	-	14743.19	462.33
ACCOMMODATIONS	36	242	152,216.62		628.99	.211		4228.24	132.59
ADMINISTRATIVE DAYS	2	8	1,098.68		137.34	.007		549.34	.96
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	34	234	151,117.94		645.80	.204		4444.65	131.64
ANCILLARIES	36	0	378,538.25		.00	.000	-	10514.95	329.74
INPATIENT CROSSOVERS	17	7	801.21		114.46	.006		47.13	.70
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	64	434	8,828.51		20.34	.378		137.95	7.69
MEDICAL	14	18	801.34		44.52	.016		57.24	.70
SURGERY	1	1	10.75		10.75	.001		10.75	.01
PATHOLOGY	33	185	1,731.51		9.36	.161		52.47	1.51
RADIOLOGY	31	49	3,497.79		71.38	.043		112.83	3.05
ROOM USE	25	28	993.41		35.48	.024		39.74	.87
CROSSOVERS/ALL OTH OUTPTNT	43	153	1,793.71		11.72	.133		41.71	1.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	111	3,183	\$	278,107.95	\$	87.37	2.773	\$	2505.48	\$	242.25
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	111	3,183		278,107.95		87.37	2.773		2505.48		242.25
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	460	\$	13,988.66	\$	30.41	.401	\$	2331.44	\$	12.19
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	460		13,988.66		30.41	.401		2331.44		12.19
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	11	188	\$	1,284.79	\$	6.83	.164	\$	116.80	\$	1.12
PATHOLOGY	11	188		1,284.79		6.83	.164		116.80		1.12
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3,374	4,523	\$	807,674.52	\$	178.57	3.940	\$		\$	703.55
CLINIC	2	9		823.83		91.54	.008		411.92		.72
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,372	4,514		806,850.69		178.74	3.932		239.28		702.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT RI	EPOR1	FOR JAN	2003 THRU	DEC	2003	Ρź	AGE 13,340
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FO	R ALL A	GED								
							M	ONT	HLY AVERA	GE ·	

1,148 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 1,885 96,135 835,030.12 8.69 83.741 \$ 442.99 \$ 727.38 DURABLE MED. EQUIP. 4 13 4,323.38 332.57 .011 1080.85 3.77 BLOOD BANK 0 0 .00 .00 .000 .00 .00 1 1,237.55 1237.55 .001 1237.55 HEARING AID DISPENSERS 1 1.08 MEDICAL TRANSPORTATION 31 231 2,977.52 12.89 .201 96.05 2.59 AMBULANCES/AIR TRANS 30 213 2,921.42 13.72 .186 97.38 2.54 18 56.10 3.12 .016 56.10 .05 OTHER TRANS OTHER SERVICES 0 0 .00 .00 .000 .00 .00 0 0 .00 ACUPUNCTURE .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 255 4,556 314,108.53 68.94 3.969 1231.80 273.61 GENETIC DISEASE TESTING 0 0 .00 .00 .000 .00 .00 499,762.44 57.46 7.577 329.22 435.33 IHMC, MODEL-NF, NF, AIDS, MSSP 1,518 8,698 OCCUPATIONAL THERAPIST 0 Ω .00 .00 .000 .00 .00 OPTICIAN 463.24 22.06 .018 66.18 .40 PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00 1.38 1.38 1.38 .00 PORTABLE X-RAY 1 .001 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS 0 .00 .00 PROSTHETICS .00 .00 .000 .00 .000 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST 0 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY 11 534.10 48.55 .010 106.82 .47 .00 HOSPICE SERVICES 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES 19.14 9.57 .002 19.14 .02 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 .000 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS 77 82,601 11,602.84 .14 71.952 150.69 10.11 .00 \$ @CALIF. CHILDREN SERVICES* 0 .000 \$.00 \$ 0 .00 .00 @XOVER EXCLUDING STATE HOSP** 105 237 14,341.89 \$ 60.51 .206 \$ 136.59 \$ \$ 12.49

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 13,341

01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR ALL BLIND

SANIA BARBARA COUN	SUMMARY OF SERV	VICES FOR ALL BLIN	עו				MO	NTITUTE	O E	
24 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/ 7/ 7/ 17		UNITS/DAYS	NTHLY AVERA COST PER	AGE	COST PER
24 FUIGIBLES	USERS			EXPENDITORES				USER		
	613	OR DAYS OF CARE	4	176 740 05		UNIT/DAY			۲,	ELIGIBLE
@TOTAL, ALL PROVIDERS	613		\$	176,740.95	\$	63.83	115.375		\$	7364.21
@PHYSICIANS SERVICES	6 6	9 7	\$	335.23	\$	37.25 38.13	.375 .292	44.48	Þ	13.97
OUTPATIENT VISITS	6	7		266.90		38.13	. 292			11.12
OFFICE VISITS	6	0		266.90				44.48		11.12
HOME VISITS	0	•		.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0			.00		.00	.000	.00		.00
INPATIENT VISITS	Ü	0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00		.00
CRITICAL CARE	U	U		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	2	2		68.33		34.17	.083	34.17		2.85
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00		.00
@PHARMACY	28	271	\$	9,801.06	\$	36.17	11.292		\$	408.38
PRESCRIPTION DRUGS	24	65		9,416.01		144.86	2.708	392.33		392.33
SNF/ICF	5	4		615.20		153.80	.167	123.04		25.63
OUTPATIENTS	19	61		8,800.81		144.28	2.542	463.20		366.70
MEDICAL SUPPLIES	5	206	_	385.05		1.87	8.583	77.01		16.04
@DENTIST	144		\$	21,123.25	\$	33.85	26.000		Ş	880.14
VISITS - DIAGNOSTIC	97	426		4,848.25		11.38	17.750	49.98		202.01
ORAL SURGERY	18	52		2,945.00		56.63	2.167	163.61		122.71
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	2	2		200.00		100.00	.083	100.00		8.33
PERIODONTICS	9	12		1,858.00		154.83	.500	206.44		77.42
ENDODONTICS	4	9		1,722.00		191.33	.375	430.50		71.75
RESTORATIVE DENTISTRY	31	73		4,405.00		60.34	3.042	142.10		183.54
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	15	39		4,690.00		120.26	1.625	312.67		195.42
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00

ORTHODONTIC SERVICES
ALL OTHER SERVICES

5 7 4 4 65.00 .00 91.00

.292

.167

18.96 .00 PAGE 13,342

#CALIF DEPT OF HEALTH SERV MOP024

SANTA BARBARA COUN

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

455.00

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01/29/04

SUMMARY OF SERVICES FOR ALL BLIND

SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR ALL BLI.	ND				MC	NTD111 17 317DD	3 0 0	
24 BLIGIBLES	HARDA				7 7 7 7 7	DAGE GOGE		NTHLY AVER		
24 ELIGIBLES		rs of service		EXPENDITURES			UNITS/DAYS			COST PER
CODMOMETR TOTAL		DAYS OF CARE		140 55		UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	2	7	\$	149.57	\$	21.37	.292			
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.083	47.45		3.95
EYE APPLIANCES	1	5		54.67		10.93	.208	54.67		2.28
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000			.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00		.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	1	8	\$	542.11	\$	67.76	.333	\$ 542.11	\$	22.59
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	8 0 0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00				.00
FAMILY NURSE PRACTITIONER	0	0	Ė	.00	\$.00		\$.00		.00
@TOTAL HOSPITAL	2	5	Š	917.28	Š	183.46		\$ 458.64		38.22
HOSP INPATIENT TOTAL	2	5	т	917.28	т.	183.46	.208	458.64		38.22
HSC HOSPITALS	0	0 0 5 5 0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	Ö		.00		.00	.000	.00		.00
ACCOMMODATIONS	Ô	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	2	5		917.28		183.46	.208	458.64		38.22
ALL OTHER INPATIENT	0	0		.00		.00	.000	458.04		.00
HOSP OUTPATIENT TOTAL	0	0					.000	.00		
	0	0		.00		.00				.00
MEDICAL	0			.00		.00	.000	.00		.00
SURGERY	0	0 0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00		.00		.00
RADIOLOGY	0			.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00		.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,343 FFF-FOR-SFRVICE / DENTAI.

#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE			REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 13,343 01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR ALL BLINI)		14017		~=
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		MON I UNITS/DAYS	COST PER	COST PER
@COMMINITENZ HOODIERAL ELONAL	2	OR DAYS OF CARE	017 00	PER UNIT/DA		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	5 \$.208 \$		•
COMM HOSP INPATIENT TOTAL	∠ .	5	917.28		.208	458.64	38.22
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.000	.00	.00
ANCILLARIES	0	U	.00		.000	.00	.00
INPATIENT CROSSOVERS	∠ .	5	917.28		.208	458.64	38.22
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00		.000	.00	.00
MEDICAL	0	0	.00		.000	.00	.00
SURGERY	0	0	.00		.000	.00	.00
PATHOLOGY	0	0	.00		.000	.00	.00
RADIOLOGY	0	0	.00		.000	.00	.00
ROOM USE	0	0	.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.000	.00	.00
@STATE HOSPITAL	0	0 \$		•	.000 \$		\$.00
MENTALLY ILL	0	0	.00		.000	.00	.00
DEVELOP. DISABLED	U	0	.00		.000	.00	.00
@NURSING FACILITY	1	6 \$.250 \$		\$ 28.80
LEV A-INTERMEDIATE	0	0	.00		.000	.00	.00
LEV B-REHAB MD	0	0	.00		.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
LEV B-REGULAR	1	6	691.26		.250	691.26	28.80
@INTERMEDIATE CARE FACILDD	1	28	•		1.167 \$		\$ 174.03
ICF DDH	1	28	4,176.76		1.167	4176.76	174.03
ICF DD	0	0	.00		.000	.00	.00
ICF DDN/DDCN	0	0	.00		.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$		·	.000 \$		\$.00
HOSPITAL BASED	0	0	.00		.000	.00	.00
HEMODIALYSIS CENTER	0	0 0 5	.00		.000	.00	.00
@REHABILITATION FACILITY	0	• 1			.000 \$		\$.00
HOSPITAL BASED	0	0	.00		.000	.00	.00
INDEPENDENT FACILITY	0	0	.00		.000	.00	.00
@LABORATORY FACILITY	3	11 \$.458 \$		\$ 9.66
PATHOLOGY	3	11	231.80		.458	77.27	9.66
XO AND OTHERS	0	0	.00		.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	253	340		·	14.167 \$		\$ 2383.06
CLINIC	1	1	32.62		.042	32.62	1.36
SURGICENTER	0	0	.00		.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	252	339		168.62			2381.70
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 13,344
MOP024	FEE-FOR-SERVICE						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR ALL BLINI)			m	~=
24 ELICIDIES	HCEDC	INITES OF SERVICE	EXPENDITURES	T ATTED ACE COC	MON		
24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	FVAFINDTIOKES	PER UNIT/DA	T UNITS/DAYS	USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	221	1,460 \$	81,579.15				\$ 3399.13
@UTT OINER EKOAIDEKD	221	1,400	01,3/9.13	00،00 ډ ر	۵0.033 ې	JU 2 . 14	ų <i>3395</i> .13

DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	58.14	29.07	.083	29.07	2.42
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	11	202	13,996.07	69.29	8.417	1272.37	583.17
GENETIC DISEASE TESTING	1	1	105.00	105.00	.042	105.00	4.38
IHMC, MODEL-NF, NF, AIDS, MSSP	196	1,153	66,361.02	57.56	48.042	338.58	2765.04
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	101	1,041.41	10.31	4.208	104.14	43.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	17.51	17.51	.042	17.51	.73
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	1	\$ 934.79	\$ 934.79	.042	\$ 311.60	\$ 38.95

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA BARBARA COUN SUMMARY OF SERVICES FOR ALL DISABLED

PAGE 13,345 01/29/04

SANTA BARBARA COUN	SUMMARY OF SER	VICES FOR ALL DISABLED			MO	NICHILL 2 21700 2	CT.
1 600 51 16151 56	Hanna					NTHLY AVERA	
1,698 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
omomil all provinces	0.4 41.2	OR DAYS OF CARE	F 646 F04 36	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	24,413	275,317 \$	7,646,724.36	\$ 27.77	162.142		\$ 4503.37
@PHYSICIANS SERVICES	349	1,302 \$	43,358.79	\$ 33.30	.767		
OUTPATIENT VISITS	109	146	7,583.06	51.94	.086	69.57	4.47
OFFICE VISITS	44	59	2,506.33	42.48	.035	56.96	1.48
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	63	79	4,784.69	60.57	.047	75.95	2.82
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	8	292.04	36.51	.005	36.51	.17
INPATIENT VISITS	44	170	7,335.62	43.15	.100	166.72	4.32
HOSPITAL VISITS	22	101	4,173.42	41.32	.059	189.70	2.46
CRITICAL CARE	1	4	486.40	121.60	.002	486.40	.29
SNF/ICF/TRANS IP CARE	22	65	2,675.80	41.17	.038	121.63	1.58
OPHTHALMOLOGICAL SERVICES	3	3	162.02	54.01	.002	54.01	.10
EXAMINATIONS	3	3	162.02	54.01	.002	54.01	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	31	3,517.68	113.47	.018	439.71	2.07
PRINCIPAL SURGEON	4	4	2,821.66	705.42	.002	705.42	1.66
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	27	696.02	25.78	.016	174.01	.41
OUTPATIENT SURGERY	11	34	1,333.82	39.23	.020	121.26	.79
PRINCIPAL SURGEON	7	8	797.37	99.67	.005	113.91	.47
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	26	536.45	20.63	.015	134.11	.32
DIALYSIS	8	11	2,475.44	225.04	.006	309.43	1.46
PATHOLOGY	15	89	671.51	7.55	.052	44.77	.40
RADIOLOGY	78	207	8,968.99	43.33	.122	114.99	5.28
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	ĺ	20	190.00	9.50	.012	190.00	.11
OTHER SERVICES/ALL X-OVERS	159	591	11,120.65	18.82	.348	69.94	6.55
@PHARMACY	2,052	60,274 \$	757,120.51	\$ 12.56	35.497		
PRESCRIPTION DRUGS	1,877	5,489	724,031.74	131.91	3.233	385.74	426.40
SNF/ICF	238	1,340	146,138.84	109.06	.789	614.03	86.07
OUTPATIENTS	1,658	4,149	577,892.90	139.28	2.443	348.55	340.34
MEDICAL SUPPLIES	207	54,785	33,088.77	.60	32.264	159.85	19.49
@DENTIST	7,167	31,134 \$	1,213,809.93	\$ 38.99	18.336		
VISITS - DIAGNOSTIC	4,736	19,609	233,270.14	11.90	11.548	49.25	137.38
ORAL SURGERY	1,081	2,744	135,138.47	49.25	1.616	125.01	79.59
	_, 501	-,	100,100.17	17.23			

DRUGS	63	76	1,728.40	22.74	.045	27.43	1.02
ANESTHESIA	85	88	6,464.00	73.45	.052	76.05	3.81
PERIODONTICS	467	555	79,024.00	142.39	.327	169.22	46.54
ENDODONTICS	429	600	123,713.50	206.19	.353	288.38	72.86
RESTORATIVE DENTISTRY	2,026	5,121	418,198.75	81.66	3.016	206.42	246.29
PROSTHETICS	93	102	2,805.00	27.50	.060	30.16	1.65
DENTURES, STAYPLATES	583	1,880	200,801.13	106.81	1.107	344.43	118.26
SPACE MAINTAINERS	10	10	1,070.00	107.00	.006	107.00	.63
MAXILLOFACIAL SERVICES	16	19	1,456.54	76.66	.011	91.03	.86
FRACTURES, DISLOCATIONS	1	4	3,125.00	781.25	.002	3125.00	1.84
ORTHODONTIC SERVICES	70	85	6,940.00	81.65	.050	99.14	4.09
ALL OTHER SERVICES	146	241	75.00	.31	.142	.51	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU D	EC 2003	PAGE 13,346
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVIC	ES FOR ALL DISABL	ED				
					MOI	NTHLY AVERAG	GE
1,698 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	72	170 \$	3,644.95	\$ 21.44	.100	\$ 50.62	\$ 2.15

1,698 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ERAGE COST		COST PER	COST PER
		OR DAYS OF CAR		R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	72	170	\$ 3,644.95	\$ 21.44	.100	\$ 50.62	\$ 2.15
DIAGNOSTIC AND ANC. PROCED	39	36	1,445.63	40.16	.021	37.07	.85
EYE APPLIANCES	53	133	2,187.91	16.45	.078	41.28	1.29
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.001	11.41	.01
@CHIROPRACTOR	1	3	\$ 50.16	\$ 16.72	.002	\$ 50.16	\$.03
VISITS	1	3	50.16	16.72	.002	50.16	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	36	48	\$ 424.83	\$ 8.85	.028	\$ 11.80	\$.25
MEDICINE/INJECTIONS	1	1	21.40	21.40	.001	21.40	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	35	47	403.43	8.58	.028	11.53	.24
@HOME HEALTH AGENCY	2	4	\$ 299.44	\$ 74.86	.002	\$ 149.72	\$.18
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	343	1,732	\$ 495,479.95	\$ 286.07	1.020	\$ 1444.55	\$ 291.80
HOSP INPATIENT TOTAL	192	894	475,380.41	531.75	.527	2475.94	279.96
HSC HOSPITALS	7	70	80,746.00	1153.51	.041	11535.14	47.55
NON-HSC HOSPITAL TOTAL	25	124	261,808.90	2111.36	.073	10472.36	154.19
ACCOMMODATIONS	25	124	73,668.72	594.10	.073	2946.75	43.39
ADMINISTRATIVE DAYS	2	4	925.20	231.30	.002	462.60	.54
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	120	72,743.52	606.20	.071	3162.76	42.84
ANCILLARIES	25	0	188,140.18	.00	.000	7525.61	110.80
INPATIENT CROSSOVERS	160	700	132,825.51	189.75	.412	830.16	78.22
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	155	838	20,099.54	23.99	.494	129.67	11.84
MEDICAL	39	49	1,487.68	30.36	.029	38.15	.88
SURGERY	4	4	207.49	51.87	.002	51.87	.12
PATHOLOGY	51	284	2,795.74	9.84	.167	54.82	1.65
RADIOLOGY	49	77	5,958.95	77.39	.045	121.61	3.51
ROOM USE	73	98	3,492.96	35.64	.058	47.85	2.06
CROSSOVERS/ALL OTH OUTPINT	90	326	6,156.72	18.89	.192	68.41	3.63
@COUNTY HOSPITAL TOTAL	14	59	\$ 1,253.45	\$ 21.24	.035	\$ 89.53	\$.74
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	59	1,253.45	21.24	.035	89.53	.74
MEDICAL	11	15	347.04	23.14	.009	31.55	.20
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	15	211.50	14.10	.009	52.88	.12
RADIOLOGY	2	4	120.42	30.11	.002	60.21	.07
ROOM USE	11	15	510.32	34.02	.009	46.39	.30
CROSSOVERS/ALL OTH OUTPINT	5	10	64.17	6.42	.006	12.83	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MON	NTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 13,347
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR ALL DISABLED					
					MON	THLY AVERAG	E
1,698 ELIGIBLES	USERS UNI	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	332	1,673 \$	494,226.50	\$ 295.41	.985 \$	1488.63	\$ 291.06
COMM HOSD INDATIENT TOTAL	192	894	475 380 41	531 75	527	2475 94	279 96

@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	-0-	COST PER
@COMMINITY HOCDITAL TOTAL	222	1 672	۱ را	404 226 E0	Ģ E III	20E /1	005	ċ.	1/100 62	بخ	201 06
COMM HOCD INDATIFAT TOTAL	102	1,073	Ą	494,220.50	Ą	233.41 521 75	. 203	Ą	2475 04	Ą	270 06
UCC UCCDITALC	7	70		90 746 00		1152 51	0/1		11525 1/		47 55
NON UCC HOCDITALC TOTAL	25	124		261 909 90		2111 26	072		10472 26		15/ 10
NON-HOC HOSPITALS TOTAL	25	124		72 660 72		EQ4 10	.073		2046 75		134.19
ACCOMMODALIONS	20	124		73,006.72		221 20	.073		462 60		43.39
TRANCITIONAL TO CARE	0	0		923.20		231.30	000		102.00		.00
ALL OFFIER ACCOM	22	120		72 742 52		606 20	.000		2162 76		.00
ALL OTHER ACCOM	23 25	120		100 140 10		000.20	.071		3102.70		110 00
ANCILLARIES	45 160	700		132,025,51		100 75	.000		/525.01		110.80
INPATIENT CROSSOVERS	100	700		132,825.51		189.75	.412		830.16		78.22
ALL OTHER INPATIENT	1 4 4	U		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	144	779		18,846.09		24.19	.459		130.88		11.10
MEDICAL	29	34		1,140.64		33.55	.020		39.33		.67
SURGERY	4	4		207.49		51.87	.002		51.87		.12
PATHOLOGY	47	269		2,584.24		9.61	.158		54.98		1.52
RADIOLOGY	47	73		5,838.53		79.98	.043		124.22		3.44
ROOM USE	64	83		2,982.64		35.94	.049		46.60		1.76
CROSSOVERS/ALL OTH OUTPTNT	85	316		6,092.55		19.28	.186		71.68		3.59
@STATE HOSPITAL	2	57	\$	40,598.82	\$	712.26	.034	\$	20299.41	\$	23.91
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	2	57		40,598.82		712.26	.034		20299.41		23.91
@NURSING FACILITY	130	3,737	\$	604,736.68	\$	161.82	2.201	\$	4651.82	\$	356.15
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	17	533		309,177.31		580.07	.314		18186.90		182.08
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	113	3,204		295,559.37		92.25	1.887		2615.57		174.06
@INTERMEDIATE CARE FACILDD	8	139	\$	21,813.66	\$	156.93	.082	\$	2726.71	\$	12.85
ICF DDH	4	56		8,353.52		149.17	.033		2088.38		4.92
ICF DD	1	31		3,994.66		128.86	.018		3994.66		2.35
ICF DDN/DDCN	3	52		9,465.48		182.03	.031		3155.16		5.57
@HEMODIALYSIS TOTAL	21	800	\$	35,809.38	\$	44.76	.471	\$	1705.21	\$	21.09
HOSPITAL BASED	0	0		.00	•	.00	.000		.00	•	.00
HEMODIALYSIS CENTER	21	800		35.809.38		44.76	.471		1705.21		21.09
@REHABILITATION FACILITY	8	61	Ġ	780.90	Ġ	12.80	.036	Ġ	97.61	Ś	. 46
HOSPITAL BASED	3	10	т	221.65	т.	22.17	.006	т	73.88	- T	.13
INDEPENDENT FACILITY	5	51		559.25		10.97	.030		111.85		. 33
@LABORATORY FACILITY	69	265	Ś	3 063 01	Ś	11 56	156	Ś	44 39	Ś	1 80
PATHOLOGY	67	263	٧	2 996 38	~	11 39	155	Ψ.	44 72	~	1 76
XO AND OTHERS	2	200		66 63		33 32	001		33 32		0.4
@ORGANIZED OUTPATIENT CLINIC	14 604	20 892	Ś	3 588 859 04	Ś	171 78	12 304	Ś	245 74	Ś	2113 58
CLINIC	22	20,002	۲	2 575 30	Y	66 03	023	Y	117 06	Y	1 52
0	22	3,7		2,3,3.30		00.03	.023		±±7.00		1.52

.001 2 2 66.33 33.17 33.17 SURGICENTER .04 .00 0 HEROIN DETOX CLINIC 0 .00 .000 .00 .00 20,851 3,586,217.41 14,584 RURAL HEALTH CLINIC 171.99 12.280 245.90 2112.02 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,348 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR ALL DISABLED

Dimin Diminin Coon	DOMINING OF DERVI	CDD TOR THE DIDTED					
					-	ITHLY AVERA	
1,698 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,294	154,699 \$	836,874.31	\$ 5.41	91.107		•
DURABLE MED. EQUIP.	2	13	2,487.13	191.32	.008	1243.57	1.46
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	108.07	54.04	.001	108.07	.06
MEDICAL TRANSPORTATION	53	911	6,284.60	6.90	.537	118.58	3.70
AMBULANCES/AIR TRANS	38	246	4,240.90	17.24	.145	111.60	2.50
OTHER TRANS	13	645	1,941.12	3.01	.380	149.32	1.14
OTHER SERVICES	2	20	102.58	5.13	.012	51.29	.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	169	2,605	180,185.02	69.17	1.534	1066.18	106.12
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.008	105.00	.80
IHMC, MODEL-NF, NF, AIDS, MSSP	748	14,145	449,768.18	31.80	8.330	601.29	264.88
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	50	1,097.64	21.95	.029	60.98	.65
PHYSICAL THERAPIST	7	77	645.47	8.38	.045	92.21	.38
PORTABLE X-RAY	4	9	113.65	12.63	.005	28.41	.07
PROSTHETIST/ORTHOTISTS	6	14	1,087.81	77.70	.008	181.30	.64
PROSTHETICS	4	9	336.74	37.42	.005	84.19	.20
ORTHOTICS	2	5	751.07	150.21	.003	375.54	.44
PSYCHOLOGIST	50	312	7,602.19	24.37	.184	152.04	4.48
SPEECH AND AUDIOLOGY	13	37	1,536.98	41.54	.022	118.23	.91
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,120	19,434	158,995.71	8.18	11.445	141.96	93.64
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	128	117,077	25,596.86	.22	68.950	199.98	15.07
@CALIF. CHILDREN SERVICES*	29	785 \$	9,343.11	\$ 11.90	.462	322.18	\$ 5.50
@XOVER EXCLUDING STATE HOSP**	375	2,171 \$	164,473.87	\$ 75.76	1.279	438.60	\$ 96.86
@* TOTALS IN THESE LINES ARE	CTVFN AC A CEDARA	TE INFORMATION ITEM ON		-			-

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,349
MOP024 FEE-FOR-SERVICE/DENTAL
SANTA BARBARA COUN SUMMARY OF SERVICES FOR ALL FAMILIES

DIMITITE DIMIDIMAN COUNT	DOIMENT OF DELL	TECES FOR THE FINITES					
					MO1	NTHLY AVERA	GE
84,654 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	61,497	254,367 \$	17,210,997.96	\$ 67.66	3.005	279.87	\$ 203.31
@PHYSICIANS SERVICES	5,316	17,761 \$	1,187,612.88	\$ 66.87	.210	223.40	\$ 14.03
OUTPATIENT VISITS	2,792	7,145	225,070.53	31.50	.084	80.61	2.66
OFFICE VISITS	567	681	33,318.03	48.93	.008	58.76	.39
HOME VISITS	3	3	143.42	47.81	.000	47.81	.00
EMERGENCY ROOM	1,255	1,404	79,220.47	56.42	.017	63.12	.94
PREVENTIVE CARE	8	8	463.49	57.94	.000	57.94	.01
OB VISITS/COMPRE PERI	1,035	4,989	109,561.64	21.96	.059	105.86	1.29
OTHER OUTPATIENT	54	60	2,363.48	39.39	.001	43.77	.03
INPATIENT VISITS	630	1,813	120,422.50	66.42	.021	191.15	1.42
HOSPITAL VISITS	593	1,309	60,171.84	45.97	.015	101.47	.71
CRITICAL CARE	47	504	60,250.66	119.54	.006	1281.93	.71

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	192.53	48.13	.000	48.13	.00
EXAMINATIONS	4	4	192.53	48.13	.000	48.13	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,087	2,695	624,597.76	231.76	.032	574.61	7.38
PRINCIPAL SURGEON	730	781	537,901.73	688.73	.009	736.85	6.35
ASSISTANT SURGEON	119	119	21,685.23	182.23	.001	182.23	.26
ANESTHESIOLOGIST	421	1,795	65,010.80	36.22	.021	154.42	.77
OUTPATIENT SURGERY	449	947	54,154.34	57.19	.011	120.61	.64
PRINCIPAL SURGEON	390	666	45,478.15	68.29	.008	116.61	.54
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	76	281	8,676.19	30.88	.003	114.16	.10
DIALYSIS	9	24	3,105.21	129.38	.000	345.02	.04
PATHOLOGY	1,269	2,236	31,751.41	14.20	.026	25.02	.38
RADIOLOGY	1,531	2,274	96,564.97	42.46	.027	63.07	1.14
PSYCHIATRY	1	7	269.24	38.46	.000	269.24	.00

IMMUNIZATION AND INJECTION	149	157		8,729.23		55.60	.002		58.59		.10
OTHER SERVICES/ALL X-OVERS	338	459		22,755.16		49.58	.005		67.32		. 27
@PHARMACY	4,442	23,614	\$	382,470.63		16.20	.279	\$	86.10	Ś	
PRESCRIPTION DRUGS	4,273	8,203	т.	335,286.23		40.87	.097	7	78.47	т	3.96
SNF/ICF	17	69		6,652.36		96.41	.001		391.32		.08
OUTPATIENTS	4,265	8,134		328,633.87		40.40	.096		77.05		3.88
MEDICAL SUPPLIES	325	15,411		47,184.40		3.06	.182		145.18		.56
@DENTIST	24,672	127,183	\$	3,754,015.53	\$	29.52	1.502	\$	152.16	\$	44.35
VISITS - DIAGNOSTIC	17,120	83,394		1,118,310.72		13.41	.985		65.32		13.21
ORAL SURGERY	3,254	6,023		318,788.39		52.93	.071		97.97		3.77
DRUGS	2,926	3,845		90,927.20		23.65	.045		31.08		1.07
ANESTHESIA	392	404		33,606.20		83.18	.005		85.73		.40
PERIODONTICS	495	516		72,447.75		140.40	.006		146.36		.86
ENDODONTICS		4,004		451,280.95		112.71	.047		186.79		5.33
RESTORATIVE DENTISTRY	9,170	25,616		1,436,388.54			.303		156.64		
PROSTHETICS	57	59		1,510.00		25.59	.001		26.49		
DENTURES, STAYPLATES		775		64,320.93					349.57		
SPACE MAINTAINERS	269	304		37,783.20							
MAXILLOFACIAL SERVICES	78	91		5,626.22		61.83			72.13		.07
FRACTURES, DISLOCATIONS	3	3		417.00		139.00			139.00		.00
ORTHODONTIC SERVICES	1,217	1,421		121,483.43		85.49	.017		99.82		1.44
ALL OTHER SERVICES	452	728		1,125.00		1.55	.009		2.49		.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT R	EPORT	' FOR JAN	2003 THRU	DEC	2003	P.	AGE 13,350
MOP024	FEE-FOR-SERVICE										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR ALL FAM	IILIES	5							
							M				
84,654 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		OST PER		COST PER
	110	OR DAYS OF CARE		6 006 00		- ,	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	118	268	\$	6,286.97		23.46			53.28	\$.07
DIAGNOSTIC AND ANC. PROCED	89	83		3,555.43		42.84					.04
EYE APPLIANCES	83	183		2,638.64		14.42					.03
OTHER OPTOMETRIC SERVICES	2	2		92.90		46.45			46.45	_	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00

84,654 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	3	COST PER	COST PER
		OR DAYS OF CARE	C		PΕ	R UNIT/DAY			USER	ELIGIBLE
@OPTOMETRIST	118	268	\$	6,286.97	\$.003	\$	53.28	\$.07
DIAGNOSTIC AND ANC. PROCED	89	83		3,555.43		42.84	.001		39.95	.04
EYE APPLIANCES	83	183		2,638.64		14.42	.002		31.79	.03
OTHER OPTOMETRIC SERVICES	2	2		92.90		46.45	.000		46.45	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	1	1	\$	55.64	\$	55.64	.000	\$	55.64	\$.00
MEDICINE/INJECTIONS	1	1		55.64		55.64	.000		55.64	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	0	0		.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	683	903	\$	48,641.10	\$	53.87	.011	\$	71.22	\$.57
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	4	\$	33.64	\$	8.41	.000	\$	33.64	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	2	\$	31.20	\$	15.60	.000		31.20	.00
@TOTAL HOSPITAL	2,769	12,027	\$	5,422,488.80	\$	450.86	.142	\$	1958.28	\$ 64.05
HOSP INPATIENT TOTAL	1,021	4,218		5,247,482.95		1244.07	.050		5139.55	61.99
HSC HOSPITALS	33	121		164,810.12		1362.07	.001		4994.25	1.95
NON-HSC HOSPITAL TOTAL	986	4,084		5,080,992.83		1244.12	.048		5153.14	60.02
ACCOMMODATIONS	986	4,084		1,685,450.19		412.70	.048		1709.38	19.91
ADMINISTRATIVE DAYS	5	43		9,020.71		209.78	.001		1804.14	.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	982	4,041		1,676,429.48		414.86	.048		1707.16	19.80
ANCILLARIES	986	0		3,395,542.64		.00	.000		3443.76	40.11
INPATIENT CROSSOVERS	2	13		1,680.00		129.23	.000		840.00	.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	1,878	7,809		175,005.85		22.41	.092		93.19	2.07
MEDICAL	205	244		8,459.28		34.67	.003		41.26	.10
SURGERY	119	122		4,052.78		33.22	.001		34.06	.05
PATHOLOGY	930	3,790		35,132.00		9.27	.045		37.78	.42

RADIOLOGY	610	790	51,857.22	65.64	.009	85.01	.61
ROOM USE	1,185	1,413	52,588.44	37.22	.017	44.38	.62
CROSSOVERS/ALL OTH OUTPTNT	815	1,450	22,916.13	15.80	.017	28.12	.27
@COUNTY HOSPITAL TOTAL	44	115 \$	20,572.80	\$ 178.89	.001 \$		
CO HOSPITAL INPATIENT TOTAL	6	15	16,750.01	1116.67	.000	2791.67	.20
HSC HOSPITALS	6	15	16,750.01	1116.67	.000	2791.67	.20
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	Ő	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	39	100	3,822.79	38.23	.001	98.02	.05
MEDICAL	22	31	1,191.61	38.44	.000	54.16	.01
SURGERY	3	3	22.44	7.48	.000	7.48	.00
PATHOLOGY	7	11	85.53	7.78	.000	12.22	.00
RADIOLOGY	12	15	493.11	32.87	.000	41.09	.01
ROOM USE	25	30	1,073.49	35.78	.000	42.94	.01
CROSSOVERS/ALL OTH OUTPTNT	7	10	956.61	95.66	.000	136.66	.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M					PAGE 13,351
MOP024	FEE-FOR-SERVICE		IONIII OF FAIRENI N	CEFORT FOR UAN	2005 TIMO DE	C 2003	01/29/04
SANTA BARBARA COUN		CICES FOR ALL FAMILIE	25				01/25/04
SANTA BANDANA COON	DOMINANT OF BEILV	TOES FOR ALL PARTIES	15		MON	THIV AMEDA	그ፑ
84,654 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
01,031 EDICIDEES	ОБШКБ	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,729	11,912 \$	5,401,916.00	\$ 453.49		1979.45	
COMM HOSP INPATIENT TOTAL	1,015	4,203	5,230,732.94	1244.52	.050	5153.43	61.79
HSC HOSPITALS	27	106	148,060.11	1396.79	.001	5483.71	1.75
NON-HSC HOSPITALS TOTAL	986	4,084	5,080,992.83	1244.12	.048	5153.14	60.02
ACCOMMODATIONS	986	4,084	1,685,450.19	412.70	.048	1709.38	19.91
ADMINISTRATIVE DAYS		43	9,020.71	209.78	.001	1804.14	.11
TRANSITIONAL IP CARE	5 0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	982	4,041	1,676,429.48	414.86	.048	1707.16	19.80
ANCILLARIES	986	0	3,395,542.64	.00	.000	3443.76	40.11
INPATIENT CROSSOVERS	2	13	1,680.00	129.23	.000	840.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,843	7,709	171,183.06	22.21	.091	92.88	2.02
MEDICAL	183	213	7,267.67	34.12	.003	39.71	.09
SURGERY	116	119	4,030.34	33.87	.001	34.74	.05
PATHOLOGY	924	3,779	35,046.47	9.27	.045	37.93	.41
RADIOLOGY	599	775	51,364.11	66.28	.009	85.75	.61
ROOM USE	1,163	1,383	51,514.95	37.25	.016	44.29	.61
CROSSOVERS/ALL OTH OUTPTNT	808	1,440	21,959.52	15.25	.017	27.18	.26
@STATE HOSPITAL	2	0 \$	3,578.91	\$.00		1789.46	\$.04
MENTALLY ILL	2	0	3,578.91	.00	.000	1789.46	.04
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	Ő	0	.00	.00	.000	.00	.00
I.EV B-REGIII.AR	0	0	00	00	000	00	00

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@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

ICF DDH

ICF DD

HOSPITAL BASED	0	0		.00		.00	.000	.00)	.00	
HEMODIALYSIS CENTER	13	504		33,249.76		65.97	.006	2557.6	7	.39	
@REHABILITATION FACILITY	24	454	\$	7,599.42	\$	16.74	.005	\$ 316.64	4 \$.09	
HOSPITAL BASED	2	25		586.01	•	23.44	.000	293.03	L	.01	
INDEPENDENT FACILITY	22	429		7,013.41		16.35	.005	318.79	9	.08	
@LABORATORY FACILITY	2,749	9,079	\$	153,303.30	\$	16.89	.107	\$ 55.7	7 \$	1.81	
PATHOLOGY	2,745	9,073	·	153,020.10	·	16.87	.107	55.7	5 .	1.81	
XO AND OTHERS	6	. 6		283.20		47.20	.000	47.20)	.00	
@ORGANIZED OUTPATIENT CLINIC	23,987	36,377	\$	5,838,716.41	\$	160.51	.430	\$ 243.43	L \$	68.97	
CLINIC	306	1,184		43,798.79	•	36.99	.014	143.13	3	.52	
SURGICENTER	29	86		3,649.65		42.44	.001	125.8	5	.04	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00)	.00	
RURAL HEALTH CLINIC	23,661	35,107		5,791,267.97		164.96	.415	244.76	5	68.41	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES MO	ONTH-OF-PAYMENT R	EPOR:	FOR JAN	2003 THRU 1	DEC 2003	I	PAGE 13,352	
MOP024	FEE-FOR-SERVICE/	DENTAL								01/29/04	
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR ALL FAI	MILIES	S							
							Mo	ONTHLY AVE	RAGE		
84,654 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY:	S COST PER	3	COST PER	
		OR DAYS OF CAR	Ξ		PEI	R UNIT/DAY	PER ELIG	USER		ELIGIBLE	
@ALL OTHER PROVIDERS	6,879	26,190	\$	372,913.77	\$	14.24	.309	\$ 54.23	L \$	4.41	
DURABLE MED. EQUIP.	21	138		1,207.98		8.75	.002	57.52	2	.01	
BLOOD BANK	0	0		.00		.00	.000	.00)	.00	
HEARING AID DISPENSERS	0	0		. 0.0		. 0.0	. 000	. 0.0)	. 0.0	

84,654 ELIGIBLES	USERS	UNITS OF SERVIC OR DAYS OF CAR		EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6,879	26,190	\$	372,913.77	\$ 14.24	.309			4.41
DURABLE MED. EQUIP.	21	138	Y	1,207.98	8.75	.002	57.52	Y	.01
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	202	1,923		32,107.87	16.70	.023	158.95		.38
AMBULANCES/AIR TRANS	202	1,920		26,707.87	13.91	.023	132.22		.32
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	3	3		5,400.00	1800.00	.000	1800.00		.06
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	963	966		100,337.50	103.87	.011	104.19		1.19
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	59	170		3,271.69	19.25	.002	55.45		.04
PHYSICAL THERAPIST	1	12		192.13	16.01	.000	192.13		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	38	64		4,978.27	77.79	.001	131.01		.06
PROSTHETICS	16	31		1,060.10	34.20	.000	66.26		.01
ORTHOTICS	25	33		3,918.17	118.73	.000	156.73		.05
PSYCHOLOGIST	7	71		4,121.79	58.05	.001	588.83		.05
SPEECH AND AUDIOLOGY	13	74		2,286.01	30.89	.001	175.85		.03
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	5,584	22,671		224,323.41	9.89	.268	40.17		2.65
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	2	101		87.12	.86	.001	43.56		.00
@CALIF. CHILDREN SERVICES*	114	3,095	\$. ,	\$ 256.75	.037		\$	9.39
@XOVER EXCLUDING STATE HOSP**	4	3	\$	1,748.72	\$ 582.91	.000	\$ 437.18	\$.02

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,353 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

							MOI	NTHLY AVERA	GE	
1,736 ELIGIBLES	USERS	UNITS OF SERVICE	£	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	E .		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,283	41,798	\$	705,118.32	\$	16.87	24.077	308.86	\$	406.17
@PHYSICIANS SERVICES	263	542	\$	22,761.57	\$	42.00	.312	86.55	\$	13.11

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	186	244		10,302.85	42	.22	.141		55.39		5.93
OFFICE VISITS	140	165		6,756.24	40	.95	.095		48.26		3.89
HOME VISITS	2	2		72.44	36	.22	.001		36.22		.04
EMERGENCY ROOM	35	36		1,914.08	53	.17	.021		54.69		1.10
PREVENTIVE CARE	1	1		37.39	37	.39	.001		37.39		.02
OB VISITS/COMPRE PERI	11	39		1,501.76		.51	.022		136.52		.87
OTHER OUTPATIENT	1	1		20.94		.94	.001		20.94		.01
INPATIENT VISITS	37	111		5,327.65		.00	.064		143.99		3.07
HOSPITAL VISITS	26	42		2,094.87		.88	.024		80.57		1.21
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	11	69		3,232.78		.85	.040		293.89		1.86
OPHTHALMOLOGICAL SERVICES	9	9		482.98		.66	.005		53.66		.28
EXAMINATIONS	9	9		482.98		.66	.005		53.66		.28
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1 1		159.41	159		.001		159.41		.09
PRINCIPAL SURGEON	1	1		159.41	159	. 41	.001		159.41		.09
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	13	26		1,806.77		.49			138.98		1.04
							.015				
PRINCIPAL SURGEON	11	12		1,419.89	118		.007		129.08		.82
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	14		386.88		.63	.008		193.44		.22
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	15	27		411.43	15	.24	.016		27.43		.24
RADIOLOGY	28	38		929.07	24	.45	.022		33.18		.54
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	13	20		187.48		.37	.012		14.42		.11
OTHER SERVICES/ALL X-OVERS	25	66		3,153.93		.79	.038		126.16		1.82
@PHARMACY	340	35,394	\$	60,725.04		.72	20.388	Ś	178.60	Ś	34.98
PRESCRIPTION DRUGS	330	746	٧	57,696.81		.34	.430	Y	174.84	Y	33.24
	12	58		2,802.29		.32	.033		233.52		1.61
SNF/ICF											
OUTPATIENTS	319	688		54,894.52		.79	.396		172.08		31.62
MEDICAL SUPPLIES	21	34,648		3,028.23		.09	19.959		144.20		1.74
@DENTIST	559	2,964	\$	94,445.67		.86	1.707	Ş	168.95	Ş	54.40
VISITS - DIAGNOSTIC	403	1,938		26,896.55		.88	1.116		66.74		15.49
ORAL SURGERY	72	170		12,628.40		.28	.098		175.39		7.27
DRUGS	39	71		1,428.35	20	.12	.041		36.62		.82
ANESTHESIA	12	13		950.00	73	.08	.007		79.17		.55
PERIODONTICS	12	12		1,477.00	123		.007		123.08		.85
ENDODONTICS	47	84		12,514.00	148		.048		266.26		7.21
RESTORATIVE DENTISTRY	206	621		35,244.50		.75	.358		171.09		20.30
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
	0	0		120.00			.002		40.00		
SPACE MAINTAINERS	3	6				.00					.07
MAXILLOFACIAL SERVICES	6			876.59	146		.003		146.10		.50
FRACTURES, DISLOCATIONS	1	1		700.00	700		.001		700.00		.40
ORTHODONTIC SERVICES	17	21		1,460.28		.54	.012		85.90		.84
ALL OTHER SERVICES	13	23		150.00		.52	.013		11.54		.09
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT RE	EPORT FOR	JAN	2003 THRU	DEC	2003	PI	AGE 13,354
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR ALL MEI	DICA	LLY INDIGENT							
							M	ONTE	HLY AVERA	GE -	
1,736 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE	COST	UNITS/DAY	S (COST PER		COST PER
,		OR DAYS OF CARI	E				Y PER ELIG		USER	E	ELIGIBLE
@OPTOMETRIST	28	55	\$	1,842.72		.50	.032		65.81		1.06
DIAGNOSTIC AND ANC. PROCED	28	27	Ψ.	1,281.09		.45	.016	т.	45.75	т.	.74
EYE APPLIANCES	15	28		561.63		.06	.016		37.44		.32
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
	0	0	ċ,	.00				ċ.	.00	ċ.	
@CHIROPRACTOR			\$		\$.00	.000	Ą		\$.00
VISITS	0	0		.00		.00	.000		.00		.00

OTHER SERVICES	0	0	.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00	.00
SURGERY/ANES.	0	0	.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.00
OTHER	0	0	.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	81	246	\$ 7,534.77	\$	30.63	.142 \$	93.02 \$	4.34
HOSP INPATIENT TOTAL	2	2CR	668.89		334.45CR	.001CR	334.45	.39
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	2CR	668.89		334.45CR	.001CR	334.45	.39
ACCOMMODATIONS	2	2CR	180.60CR	3	90.30	.001CR	90.30CR	.10CR

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	2CR	180.60CR	90.30	.001CR	90.30CR	.10CR
ANCILLARIES	2	0	849.49	.00	.000	424.75	.49
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	79	248	6,865.88	27.69	.143	86.91	3.96
MEDICAL	12	13	541.63	41.66	.007	45.14	.31
SURGERY	8	8	292.90	36.61	.005	36.61	.17
PATHOLOGY	19	93	1,127.74	12.13	.054	59.35	.65
RADIOLOGY	26	34	1,326.02	39.00	.020	51.00	.76
ROOM USE	52	66	2,849.41	43.17	.038	54.80	1.64
CROSSOVERS/ALL OTH OUTPINT	23	34	728.18	21.42	.020	31.66	.42
@COUNTY HOSPITAL TOTAL	7	40 s		\$ 26.07	.023 \$	148.96 \$	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	40	1,042.75	26.07	.023	148.96	.60
MEDICAL	4	4	122.05	30.51	.002	30.51	.07
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	20	309.75	15.49	.012	154.88	.18
RADIOLOGY	2	4	175.97	43.99	.002	87.99	.10
ROOM USE	6	10	367.80	36.78	.006	61.30	.21
CROSSOVERS/ALL OTH OUTPTNT	2	2	67.18	33.59	.001	33.59	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON'	TH-OF-PAYMENT REP	ORT FOR JAN 2	2003 THRU DEC	2003	PAGE 13,355
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR ALL MEDICALLY	INDIGENT				
					MON7	THLY AVERAGE	
1,736 ELIGIBLES	USERS	UNITS OF SERVICE		AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	74	206 \$. ,	\$ 31.51	.119 \$	87.73 \$	
COMM HOSP INPATIENT TOTAL	2	2CR	668.89	334.45CR	.001CR	334.45	.39
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	2CR	668.89	334.45CR	.001CR	334.45	.39
ACCOMMODATIONS	2	2CR	180.60CR	90.30	.001CR	90.30CR	.10CR
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	2CR	180.60CR	90.30	.001CR	90.30CR	.10CR

					MOIN	IDDI AVEKAGE	
1,736 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	74	206 \$	6,492.02	\$ 31.51	.119 \$	87.73 \$	3.74
COMM HOSP INPATIENT TOTAL	2	2CR	668.89	334.45CR	.001CR	334.45	.39
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	2CR	668.89	334.45CR	.001CR	334.45	.39
ACCOMMODATIONS	2	2CR	180.60CR	90.30	.001CR	90.30CR	.10CR
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	2CR	180.60CR	90.30	.001CR	90.30CR	.10CR
ANCILLARIES	2	0	849.49	.00	.000	424.75	.49
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	72	208	5,823.13	28.00	.120	80.88	3.35
MEDICAL	8	9	419.58	46.62	.005	52.45	.24
SURGERY	8	8	292.90	36.61	.005	36.61	.17
PATHOLOGY	17	73	817.99	11.21	.042	48.12	.47
RADIOLOGY	24	30	1,150.05	38.34	.017	47.92	.66
ROOM USE	46	56	2,481.61	44.31	.032	53.95	1.43
CROSSOVERS/ALL OTH OUTPTNT	21	32	661.00	20.66	.018	31.48	.38
@STATE HOSPITAL	4	0 \$	11,760.78	\$.00	.000 \$	2940.20 \$	6.77
MENTALLY ILL	4	0	11,760.78	.00	.000	2940.20	6.77
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12	364 \$	242,071.05	\$ 665.03		20172.59 \$	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	12	364		242,071.05		665.03	.210		20172.59		139.44
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	2	\$	77.77	\$	38.89	.001	\$	77.77	\$.04
HOSPITAL BASED	1	2		77.77		38.89	.001		77.77		.04
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	137	259	\$	3,190.24	\$	12.32	.149	\$	23.29	\$	1.84
PATHOLOGY	137	259		3,190.24		12.32	.149		23.29		1.84
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	965	1,559	\$	242,781.05	\$	155.73	.898	\$	251.59	\$	139.85
CLINIC	47	98		2,585.73		26.39	.056		55.02		1.49
SURGICENTER	1	4		168.21		42.05	.002		168.21		.10
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	918	1,457		240,027.11		164.74	.839		261.47		138.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 13,356
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR ALL M	EDICAL:	LY INDIGENT							
							M	ONT	HLY AVERA	GE ·	
1,736 ELIGIBLES	USERS	UNITS OF SERVI	-	EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CA				UNIT/DAY			USER		ELIGIBLE
ONLI ORIED DROLLEDER	1 77 1	412		17 007 66		12 11			10101		

1,736 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST		S COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@ALL OTHER PROVIDERS	171	413	\$	17,927.66	\$ 43.41	.238	\$ 104.84	\$	10.33
DURABLE MED. EQUIP.	11	26		3,249.23	124.97	.015	295.38		1.87
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	4	12		399.21	33.27	.007	99.80		.23
AMBULANCES/AIR TRANS	4	12		399.21	33.27	.007	99.80		.23
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	99	99		10,128.50	102.31	.057	102.31		5.83
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	0	0		.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	1	2		161.38	80.69	.001	161.38		.09
PROSTHETICS	1	2		161.38	80.69	.001	161.38		.09
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	2	15		902.20	60.15	.009	451.10		.52
SPEECH AND AUDIOLOGY	1	3		195.80	65.27	.002	195.80		.11
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	52	255		2,860.67	11.22	.147	55.01		1.65
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	1	1		30.67	30.67	.001	30.67		.02
@CALIF. CHILDREN SERVICES*	35	11,826	\$	15,583.68	\$ 1.32	6.812	\$ 445.25	\$	8.98
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARA	TE INFORMATION	ITEM ONL	Y;					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,357 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

SANTA BARBARA COUN	SUMMARI OF SERVIC	AU1 Ca.	KENAL D.	LALISIS		1	AID CODES	/ _			~-	
05			~					M				
07 ELIGIBLES			SERVICE		EXPENDITURES		RAGE COST		S C	OST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2		4	\$	952.92	\$	238.23	.571	\$	476.46	\$	136.13
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		Ô		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		Ô		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
	0		0									
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		Ô		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		Ô		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
	0		0									
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	1		2	\$	138.12	\$	69.06	.286	\$	138.12	\$	19.73
PRESCRIPTION DRUGS	1		2		138.12		69.06	.286		138.12		19.73
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	1		2		138.12		69.06	.286		138.12		19.73
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0	•	.00	•	.00	.000		.00	•	.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		Ô		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
	0		0									
RESTORATIVE DENTISTRY	U		U		.00		.00	.000		.00		.00
PROSTHETICS	U		U		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	U		U		.00		.00	.000		.00		.00
SPACE MAINTAINERS	Ü		U		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
HOATTE DEDE OF HEATEH CERT	MEDT GAT GERTITATA	7 3 TD		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			EOD TARE	000 mini		2002	_	3 CF 12 2F0

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 13,358 01/29/04

SUMMARY OF SERVICES FOR RENAL DIALYSIS

SANTA BARBARA COUN

AID CODES 71

SANTA BARBARA COUN	SUMMARY OF SERVICES FO	OR RENAL DIAL	YSIS	AID CODES			
					MONTE	ILY AVERAGI	
07 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
	OR DA	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	Ö	.00	.00	.000	.00	.00
	0		.00	\$.00		.00	
@CHIROPRACTOR	0	0 \$		·			•
VISITS	U	U	.00	.00	.000	.00	.00
OTHER SERVICES	Ü	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	•
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	•
NURSE MIDWIFE	0	0 &	.00	\$.00	.000 \$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	•
	0	0 \$			•		
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$	
@TOTAL HOSPITAL	1	2 \$	814.80	\$ 407.40	.286 \$	814.80	•
HOSP INPATIENT TOTAL	1	2	814.80	407.40	.286	814.80	116.40
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	2	814.80	407.40	.286	814.80	116.40
ALL OTHER INPATIENT	0	Ō	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0					.00
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	Ô	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	Ü	U	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES N					PAGE 13,359
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
	CHAMADA OF CEDATORS FO		ZOTO	AID CODEC	71		,,

					MOI	NTHLY AVERA	GE	
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	2	\$ 814.80	\$ 407.40	.286	\$ 814.80	\$	116.40
COMM HOSP INPATIENT TOTAL	1	2	814.80	407.40	.286	814.80		116.40
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	1	2	814.80	407.40	.286	814.80		116.40
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
	0		4		4			4		4	
@STATE HOSPITAL	U	0	\$.00	\$.00	.000	Ş	.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTER BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-REGULAR	U	0		.00	_	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
HOSPITAL BASED	0	0	4	.00	т.	.00	.000	- T	.00	т	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		\$.00		\$.00	\$.00
	0		Ą	.00	Ą			Ą		Ą	
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
											0.0
CLINIC	()	0		()()		()()	()()()		()()		(1()
CLINIC SUBGICENTER	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	0 0 0 0	0		.00 .00 .00		.00 .00 .00	.000		.00 .00 .00		.00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	0 0 CES AND EXPENDIT	TURES M	.00	REPOR	.00 .00 .00	.000	DEC	.00 .00 .00	Pi	.00 .00 .00 AGE 13,360
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 CES AND EXPENDIT E/DENTAL		.00 .00 .00 .00 IONTH-OF-PAYMENT F	REPOR	.00 .00 .00 T FOR JAN :	.000 .000 .000 2003 THRU	DEC	.00 .00 .00	Pi	.00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 CES AND EXPENDIT		.00 .00 .00 .00 IONTH-OF-PAYMENT F	REPOR	.00 .00 .00	.000 .000 .000 2003 THRU	DEC	.00 .00 .00	Ρž	.00 .00 .00 AGE 13,360
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 CES AND EXPENDIT E/DENTAL		.00 .00 .00 .00 IONTH-OF-PAYMENT F	REPOR	.00 .00 .00 T FOR JAN :	.000 .000 .000 2003 THRU		.00 .00 .00		.00 .00 .00 AGE 13,360 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN	MEDI-CAL SERVION FEE-FOR-SERVION SUMMARY OF SER	0 0 CES AND EXPENDIT E/DENTAL VICES FOR RENAI	L DIALY	.00 .00 .00 .00 IONTH-OF-PAYMENT F		.00 .00 .00 T FOR JAN 2	.000 .000 .000 2003 THRU	TNOI	.00 .00 .00 2003	GE ·	.00 .00 .00 AGE 13,360 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	0 0 0 CES AND EXPENDIT E/DENTAL VICES FOR RENAI UNITS OF SERVI	L DIALY	.00 .00 .00 .00 IONTH-OF-PAYMENT F	AV	.00 .00 .00 T FOR JAN : AID CODES ERAGE COST	.000 .000 .000 2003 THRU 71 M UNITS/DAY	IONT	.00 .00 .00 2 2003 THLY AVERA	GE ·	.00 .00 .00 AGE 13,360 01/29/04
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SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 07 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITE / DENTAL VICES FOR RENAI OR DAYS OF CAR OR DAYS OF CAR OR DAYS OF CAR OR DAYS OF CAR OR DAYS	L DIALY ICE ARE	.00 .00 .00 .00 IONTH-OF-PAYMENT F TSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV PE	.00 .00 .00 T FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 .00 .00 .00 .2003 .2003 .2003 .2004 .200	GE ·	.00 .00 .00 .00 AGE 13,360 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 07 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITE DEPTH OF LAND CONTROL OF C	L DIALY ICE ARE	.00 .00 .00 .00 IONTH-OF-PAYMENT F TSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV PE	.00 .00 .00 T FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 .00 .00 .00 .2003 PHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	.00 .00 .00 .00 AGE 13,360 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 07 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITE DEPTH OF LAND CONTROL OF C	L DIALY ICE ARE	.00 .00 .00 .00 IONTH-OF-PAYMENT F TSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV PE	.00 .00 .00 .00 T FOR JAN 3 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE ·	.00 .00 .00 .00 AGE 13,360 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 07 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITE DEPTH OF LAND CONTROL OF C	L DIALY ICE ARE	.00 .00 .00 .00 IONTH-OF-PAYMENT F TSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AV PE	.00 .00 .00 .00 T FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S	.00 .00 .00 .00 .00 .2003 PHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	.00 .00 .00 .00 AGE 13,360 01/29/04

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	0	\$	814.80	\$.00	.000	\$ 814.80	\$ 116.40
@* TOTALS IN THESE IINES ARE STURN	אכ א כבטאטאייב	TMEODMATTOM	TTEM ONT					

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,361 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR	TOTAL	PARE	ENTERAL NUTRITION	AID CODES	73		
								THLY AVERAG	
00 ELIGIBLES	USERS	UNITS OF	SERVIC	Έ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CAR	EΕ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0		0	•	.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0		0	-	.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0		0	-	.00	.00	.000	.00	.00
ORAL SURGERY	0		0		.00	.00	.000	.00	.00
DRUGS	0		Ō		.00	.00	.000	.00	.00
ANESTHESIA	0		Ō		.00	.00	.000	.00	.00
PERIODONTICS	0		Ō		.00	.00	.000	.00	.00
ENDODONTICS	Ō		Ö		.00	.00	.000	.00	.00
	-		-		. 3 0				

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 13,362
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR TOTAL PAREN	TERAL NUTRITION	AID CODES	73		
					MON	THLY AVERAG	E
00 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	TOTAL 1	PARENTER	RAL NUTRITION	A	ID CODES	73				
							MC				
00 ELIGIBLES		F SERVIC		EXPENDITURES			UNITS/DAYS				COST PER
	OR DAY:	S OF CARI	E		PER	UNIT/DAY	PER ELIG	U	SER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	•	.00	.000	-	.00	-	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	·	.00	•	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	Ö		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	Ö	\$.00	Ś	.00		\$.00	\$.00
NURSE ANESTHESIST	Ô	0	Š	.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	Ô	0	Š	.00	Š	.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	Ů	0	Š	.00	\$.00		\$.00	Š	.00
FAMILY NURSE PRACTITIONER	0	Ö	Ġ	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	0	0	Ġ.	.00	Ġ	.00		\$.00	Ġ	.00
HOSP INPATIENT TOTAL	0	0	Ÿ	.00	Ÿ	.00	.000	Ÿ	.00	Ÿ	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0									.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	Ô	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI CAI CERVIC	ES AND EXPENDITURES MC					PAGE 13,363
			MIH-OF-PAIMENI K	EPORI FOR UAN .	ZUUS IHKU DEC	. 2003	
MOP024	FEE-FOR-SERVICE						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR TOTAL PARENT	ERAL NUTRITION	AID CODES	73		
					MONT	HLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	IINTTS/DAYS	COST PER	COST PER
00 11101110	OBLIE		EIII EIVETTORES	PER UNIT/DAY		USER	ELIGIBLE
0.G0\0.00000000000000000000000000000000	0	OR DAYS OF CARE	0.0				
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	0	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	0	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	Ô	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0		•			
MENTALLY ILL	U	U	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0					
LEV B-SUBACUTE HSPTL BASED	Ü	U	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
	0	0					
ICF DD	Ü	U	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	Ô	.00	.00	.000	.00	.00
	0	0 \$					
@REHABILITATION FACILITY	· ·	O P	.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	n ·	.00	.00	.000	.00	.00
	0	0					
XO AND OTHERS	Ü	Ŭ -	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
	0	0					
RURAL HEALTH CLINIC	U		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MC	NTH-OF-PAYMENT R	EPORT FOR JAN	ZUU3 THRU DEC	2003	PAGE 13,364

SANTA BARBARA COUN	SUMMARY OF SERV	VICES FOR	IOIAL P	AKENI	ERAL NUIRTIION	AID CODES	13			
							MC	ONTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00		.00
BLOOD BANK	0		0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00		.00
OTHER TRANS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
ACUPUNCTURE	0		0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,365
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

----- MONTHLY AVERAGE -----

00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE USER PER UNIT/DAY PER ELIG ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 .00 .00 .000 .00 0 \$ \$ \$.00 \$ OUTPATIENT VISITS .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOME VISITS .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 OTHER OUTPATIENT .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 CRITICAL CARE .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 **EXAMINATIONS** .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 ASSISTANT SURGEON .000 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .000 .00 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 .00 **PSYCHIATRY** .00 .000 .00 .00 0 .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS .00 .00 .000 .00 .00 0 .00 .000 @PHARMACY .00 \$.00 \$.00 PRESCRIPTION DRUGS .00 .00 .000 .00 .00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	Ō	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES MC	NTH-OF-PAYMENT REPORT	FOR JAN 20	03 THRU DEC	2003	PAGE 13,366
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	R IRCA ALIENS	AID CODES	51 52 56 5	7		
					MONTOI	TT 3/ A TUDD A C	TO.

							MC	NTE	ILY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	•	.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	·	.00	.000	•	.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00	·	.00	.000	•	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 13,367
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	IRCA ALIENS	AID CODES	51 52 56	57		
					MONTE	HLY AVERAG	E

					MON'	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00	•	.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	Ô	0 \$		\$.00	.000 \$.00
CLINIC	0	0 \$.00		.00	.000	.00		.00
	0	0			.00		.00		.00
SURGICENTER	0	0	.00			.000			
HEROIN DETOX CLINIC	0	U	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2003 THRU DE	EC 2003	PF	AGE 13,368
MOP024 SANTA BARBARA COUN	FEE-FOR-SERVICE	/DENTAL							01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR IRCA ALIE	NS AID	CODES	51 52 56	57			
						MON	NTHLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEI	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE				PER ELIG			ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00		- ,	.000 \$			
DURABLE MED. EQUIP.		0	.00		.00	.000	.00	Y	.00
BLOOD BANK	0	0	0.0		0.0	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00		.00		.00		
	U	U	.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	Ü	0	.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00		.00	.000	.00		.00
OTHER TRANS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
ACUPUNCTURE	0	0	.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00		.00
OPTICIAN	0	0	.00		.00	.000	.00		.00
	0	0							
PHYSICAL THERAPIST	0	U	.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
ORTHOTICS	0	0	.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0				.000	.00		.00
	0	· ·	.00	4	.00				
@CALIF. CHILDREN SERVICES*	U	0 \$.00	\$ \$.00	.000 \$.00
@XOVER EXCLUDING STATE HOSP**		0 \$.00	Ş	.00	.000 \$.00	Ş	.00
@* TOTALS IN THESE LINES ARE									
THE AMOUNTS ARE ALREADY IN									
** THESE DATA ARE INCLUDED I									
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2003 THRU DE	EC 2003	PI	AGE 13,369
MOP024 SANTA BARBARA COUN	FEE-FOR-SERVICE	/DENTAL							01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR MI/MN ALI	EN WITHOUT SIS AID	CODE !	55 58 5F				
		, 				MON	THLY AVERA	GE -	
6,183 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITIERES	AVE	RAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE		DED	INTT/DAV	PER ELIG	USER	ī	ELIGIBLE
MTOTAL ALL DROWINGE	2 /127	22 080 G	3 387 330 33	ب. ب. بر	147 40	2 717 d	2 000 30	Ģ	547 22
© DUVCICIANC CERVICEC	3, ±41 1 636	22,900 P	3,387,220.32 424,159.92	ب ب	77 77	2.1T1 4	200.33	٠ ب	60 60
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES	1,030	ኃ,865	424,159.92 60 /12 72	Ą	74.34 24 00	.949 \$	459.47 701.07	Ą	11 06

68,413.73

9,824.30

14,317.09

.00

34.80

58.48

.00

65.67

.318

.027

.000

.035

104.77

71.71

.00

73.05

11.06

1.59

.00

2.32

1,966

168

0

218

653

137

0

196

OUTPATIENT VISITS

OFFICE VISITS

EMERGENCY ROOM

HOME VISITS

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	351	1,577	44,161.62	28.00	.255	125.82	7.14
OTHER OUTPATIENT	3	3	110.72	36.91	.000	36.91	.02
INPATIENT VISITS	239	646	49,647.73	76.85	.104	207.73	8.03
HOSPITAL VISITS	224	479	21,382.14	44.64	.077	95.46	3.46
CRITICAL CARE	22	167	28,265.59	169.26	.027	1284.80	4.57
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	22.72	22.72	.000	22.72	.00
EXAMINATIONS	1	1	22.72	22.72	.000	22.72	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	482	1,296	232,276.26	179.23	.210	481.90	37.57
PRINCIPAL SURGEON	311	333	191,900.44	576.28	.054	617.04	31.04
ASSISTANT SURGEON	48	48	8,952.00	186.50	.008	186.50	1.45
ANESTHESIOLOGIST	195	915	31,423.82	34.34	.148	161.15	5.08
OUTPATIENT SURGERY	146	280	10,960.64	39.15	.045	75.07	1.77
PRINCIPAL SURGEON	130	214	8,849.41	41.35	.035	68.07	1.43

ASSISTANT SURGEON	0	0			.00		.00	.00	0	.00		.00
ANESTHESIOLOGIST	21	66			2,111.23		31.99	.01	1	100.53		.34
DIALYSIS	17	24			5,400.96		225.04	.00	4	317.70		.87
PATHOLOGY	398	634			10,668.17		16.83	.10	3	26.80		1.73
RADIOLOGY	499	859			38,518.84		44.84	.13	9	77.19		6.23
PSYCHIATRY	0	0			.00		.00	.00	0	.00		.00
IMMUNIZATION AND INJECTION	19	22			1,216.62		55.30	.00	4	64.03		.20
OTHER SERVICES/ALL X-OVERS	103	137			7,034.25		51.34	.02	2	68.29		1.14
@PHARMACY	877	4,056	\$		46,329.35	\$	11.42	.65	6 \$	52.83	\$	7.49
PRESCRIPTION DRUGS	844	1,531			37,621.65		24.57	.24	8	44.58		6.08
SNF/ICF	1	1			101.28		101.28	.00	0	101.28		.02
OUTPATIENTS	843	1,530			37,520.37		24.52	.24	7	44.51		6.07
MEDICAL SUPPLIES	56	2,525			8,707.70		3.45	.40	8	155.49		1.41
@DENTIST	14	43	\$		244.00	\$	5.67	.00	7 \$	17.43	\$.04
VISITS - DIAGNOSTIC	14	35			129.00		3.69	.00	6	9.21		.02
ORAL SURGERY	3	6			90.00		15.00	.00	1	30.00		.01
DRUGS	1	1			25.00		25.00	.00	0	25.00		.00
ANESTHESIA	0	0			.00		.00	.00	0	.00		.00
PERIODONTICS	0	0			.00		.00	.00	0	.00		.00
ENDODONTICS	0	0			.00		.00	.00	0	.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.00	0	.00		.00
PROSTHETICS	0	0			.00		.00	.00	0	.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.00	0	.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.00	0	.00		.00
MAXILLOFACIAL SERVICES	1	1			.00		.00	.00	0	.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.00	0	.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.00	0	.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.00	0	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES N	MONTH-OF	-PAYMENT RE	PORT	FOR JAN	2003 THR	U DE	C 2003	PA	GE 13,370
MOP024	FEE-FOR-SERVICE/DENTA	L										01/29/04

						M	TNO	HLY AVERA	GE	
6,183 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	199	249	\$ 13,115.82	\$	52.67		\$	65.91	\$	2.12
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	767	3,900	\$ 2,260,304.53	\$	579.57	.631	\$	2946.94	\$	365.57
HOSP INPATIENT TOTAL	378	1,791	2,214,543.02		1236.48	.290		5858.58		358.17
HSC HOSPITALS	15	111	140,908.11		1269.44	.018		9393.87		22.79
NON-HSC HOSPITAL TOTAL	363	1,680	2,073,634.91		1234.31	.272		5712.49		335.38
ACCOMMODATIONS	363	1,680	667,800.42		397.50	.272		1839.67		108.01
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	363	1,680	667,800.42		397.50	.272		1839.67		108.01
ANCILLARIES	363	0	1,405,834.49		.00	.000		3872.82		227.37

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

SANTA BARBARA COUN

INPATIENT CROSSOVERS	0	0		.00)	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00)	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	460	2,109		45,761.53	L	21.70	.341	99.48		7.40
MEDICAL	39	45		1,674.68	3	37.22	.007	42.94		.27
SURGERY	25	25		1,241.63	2	49.66	.004	49.66		.20
PATHOLOGY	275	1,156		10,311.98	3	8.92	.187	37.50		1.67
RADIOLOGY	129	178		14,065.2	1	79.02	.029	109.03		2.27
ROOM USE	281	346		13,793.70	5	39.87	.056	49.09		2.23
CROSSOVERS/ALL OTH OUTPTNT	180	359		4,674.23	3	13.02	.058	25.97		.76
@COUNTY HOSPITAL TOTAL	7	33	\$	3,885.76	5 \$	117.75	.005	\$ 555.11	\$.63
CO HOSPITAL INPATIENT TOTAL	1	3		3,300.03	3	1100.01	.000	3300.03		.53
HSC HOSPITALS	1	3		3,300.03	3	1100.01	.000	3300.03		.53
NON-HSC HOSPITALS TOTAL	0	0		.00)	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00)	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00)	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00)	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00)	.00	.000	.00		.00
ANCILLARIES	0	0		.00)	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00)	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00)	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	6	30		585.73	3	19.52	.005	97.62		.09
MEDICAL	2	2		144.3	5	72.18	.000	72.18		.02
SURGERY	0	0		.00)	.00	.000	.00		.00
PATHOLOGY	3	21		171.7	3	8.18	.003	57.24		.03
RADIOLOGY	1	1		46.03	2	46.02	.000	46.02		.01
ROOM USE	4	4		150.4	7	37.62	.001	37.62		.02
CROSSOVERS/ALL OTH OUTPTNT	2	2		73.16	5	36.58	.000	36.58		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND H	EXPENDITUE	RES M	ONTH-OF-PAYMENT	REPOR	RT FOR JAN	2003 THRU 1	DEC 2003	PAGE	13,371
MOP024	FEE-FOR-SERVICE/DENTAL								01	1/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	R MI/MN A	ALIEN	WITHOUT SIS AIR	CODE	E 55 58 5F				

SANTA BANBANA COUN	SUMMAKI OF SEK	VICES FOR MI/MN A	7117171	WIIIOUI SIS AID (CODE 33 36 3F				
							NTHLY AVERA	_	
6,183 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	760	3,867	\$	2,256,418.77	\$ 583.51	.625		\$	364.94
COMM HOSP INPATIENT TOTAL	377	1,788		2,211,242.99	1236.71	.289	5865.37		357.63
HSC HOSPITALS	14	108		137,608.08	1274.15	.017	9829.15		22.26
NON-HSC HOSPITALS TOTAL	363	1,680		2,073,634.91	1234.31	.272	5712.49		335.38
ACCOMMODATIONS	363	1,680		667,800.42	397.50	.272	1839.67		108.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	363	1,680		667,800.42	397.50	.272	1839.67		108.01
ANCILLARIES	363	0		1,405,834.49	.00	.000	3872.82		227.37
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	454	2,079		45,175.78	21.73	.336	99.51		7.31
MEDICAL	37	43		1,530.33	35.59	.007	41.36		.25
SURGERY	25	25		1,241.62	49.66	.004	49.66		.20
PATHOLOGY	272	1,135		10,140.25	8.93	.184	37.28		1.64
RADIOLOGY	128	177		14,019.22	79.20	.029	109.53		2.27
ROOM USE	277	342		13,643.29	39.89	.055	49.25		2.21
CROSSOVERS/ALL OTH OUTPTNT	178	357		4,601.07	12.89	.058	25.85		.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	23	1,320	\$	44,976.34	\$	34.07	.213	\$	1955.49	\$	7.27
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	23	1,320		44,976.34		34.07	.213		1955.49		7.27
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,028	3,594	\$	60,565.24	\$	16.85	.581	\$	58.92	\$	9.80
PATHOLOGY	1,028	3,594		60,565.24		16.85	.581		58.92		9.80
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,129	3,165	\$	506,554.58	\$	160.05	.512	\$	448.68	\$	81.93
CLINIC	137	689		18,914.45		27.45	.111		138.06		3.06
SURGICENTER	1	3		131.08		43.69	.000		131.08		.02
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	997	2,473		487,509.05		197.13	.400		488.98		78.85
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	JRES MON	NTH-OF-PAYMENT RI	EPORT	FOR JAN 20	03 THRU I	DEC	2003	PI	AGE 13,372
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ									01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

						MIIILI AVEKA	
6,183 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	257	788 \$	30,970.54	\$ 39.30	.127	\$ 120.51	\$ 5.01
DURABLE MED. EQUIP.	4	43	183.60	4.27	.007	45.90	.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	49	530	9,425.67	17.78	.086	192.36	1.52
AMBULANCES/AIR TRANS	49	529	7,625.67	14.42	.086	155.63	1.23
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	198	198	20,685.00	104.47	.032	104.47	3.35
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	8	16	643.65	40.23	.003	80.46	.10
PROSTHETICS	5	11	326.04	29.64	.002	65.21	.05
ORTHOTICS	4	5	317.61	63.52	.001	79.40	.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	32.62	32.62	.000	32.62	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	17	793 \$	386,573.28	\$ 487.48		\$ 22739.60	•
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00
* TOTAL THE THEOR LINES AND CITA	יוערים א מיים אר	A METER TANDODMANTON TORM ON	T 77 •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA BARBARA COUN

SANTA BANDANA COUN	BOMMAKI OF BEKV	ICES FOR REFOGEES	AID	CODED 01 02 00	MON'	THIV AMEDAC	TE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 22101222	02210	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	Ô	Ô	.00	.00	.000	.00	.00
INPATIENT VISITS	Ô	Ô	.00	.00	.000	.00	.00
HOSPITAL VISITS	Ô	Ô	.00	.00	.000	.00	.00
CRITICAL CARE	Ô	Ô	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	Ô	Ô	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
	0	0					.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	U	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$		\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$		\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 13,374
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR REFUGEES	AID	CODES 01 02 08	0A		
					MON	THLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OP DAVE OF CAPE		DEB IMITT/DAV	DED ELTC	TICED	FT.TCTRT.F

OR DAYS OF CARE

PER UNIT/DAY PER ELIG USER

ELIGIBLE

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	j
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	·	.00	.000	•	.00	.00	j
EYE APPLIANCES	0	0		.00		.00	.000		.00	.00	į
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	.00	į
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	i
VISITS	0	0		.00		.00	.000		.00	.00	į
OTHER SERVICES	0	0		.00		.00	.000		.00	.00	i
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00	į.
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00	1
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00	1
OTHER	0	0		.00		.00	.000		.00	.00	į.
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	1
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	Į
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.

FAMILY NURSE PRACTITIONER	0		\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	-	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	т	.00	.00	.000	.00	т	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	Ů	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EVDENDITUIDE	c Moi					D7/	GE 13,375
MOP024	FEE-FOR-SERVICE/D		S MOI	NIH-OF-PAIMENI RE	EPORI FOR UAN	2003 IRO L	DEC 2003	PA	01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICE/D.			ATD C	CODES 01 02 08	0.7			01/29/04
SANTA BARBARA COUN	SUMMARI OF SERVIC.	ES FOR REFUGEES		AID C	CODES OI OZ OC		ONTHLY AVERA	CE	
00 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVERAGE COST			_	OST PER
AA ETIGIDHES				FVERNDIIOKES					
ACOMMINITE HOLDINAL TOTAL		OR DAYS OF CARE	ė.	0.0	PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

					11014.		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00		.00	.000	Ġ	.00	\$.00
MENTALLY ILL	0	0	·	.00	•	.00	.000	·	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	·	.00	•	.00	.000	·	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	-	.00		.00	.000	•	.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES I	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 13,376
MOP024	FEE-FOR-SERVICE/DENT										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR REFUGEE	ES	AID	CODES	01 02 08					
									HLY AVERA		
00 ELIGIBLES		S OF SERVICE		EXPENDITURES		RAGE COST			COST PER	_	OST PER
		DAYS OF CARE	<u>.</u>			UNIT/DAY			USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00		.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	Ü		.00		.00	.000		.00		.00

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,377 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR	BCC.Lb-F	EDERAL	A.	TD CODE	S OM ON				
								MO		GE	
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE]			JNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	127		309	\$	38,883.11	\$ 1	125.84	.000	\$ 306.17	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000	.00		.00
OFFICE VISITS	0		0		.00		.00	.000	.00		.00
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0		Ö		.00		.00	.000	.00		.00
INPATIENT VISITS	0		0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00		.00
CRITICAL CARE	0		0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00		.00
EXAMINATIONS	0		0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00		.00
	0		0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0								
PRINCIPAL SURGEON	0		•		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
DIALYSIS	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
PSYCHIATRY	0		0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000	.00		.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000	.00		.00
SNF/ICF	0		0		.00		.00	.000	.00		.00
OUTPATIENTS	0		0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000	.00		.00
@DENTIST	19		119	\$	5,830.00	\$	48.99	.000	\$ 306.84	\$.00
VISITS - DIAGNOSTIC	11		48		525.00		10.94	.000	47.73		.00
ORAL SURGERY	5		38		2,117.00		55.71	.000	423.40		.00
DRUGS	0		0		.00		.00	.000	.00		.00
ANESTHESIA	1		1		100.00	-	100.00	.000	100.00		.00
PERIODONTICS	2		2		400.00	,	200.00	.000	200.00		.00
ENDODONTICS	3		3		591.00		197.00	.000	197.00		.00
RESTORATIVE DENTISTRY	6		18		1,825.00		101.39	.000	304.17		.00
PROSTHETICS	1		1		30.00	-	30.00	.000	30.00		.00
DENTURES, STAYPLATES	2:		7		242.00		34.57	.000	121.00		.00
SPACE MAINTAINERS	0		Ó		.00		.00	.000	.00		.00
0111011 1111111111111111111111111111111	O		•		.00						

0 0 .00 .00 .000 .00 .00 MAXILLOFACIAL SERVICES .000 .00 0 0 .00 .00 FRACTURES, DISLOCATIONS .00 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 .00 1 1 .00 .00 ALL OTHER SERVICES .000 .00 .00

PAGE 13,378

01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA BARBARA COIN SIMMARY OF SERVICES FOR BOOTD-FEDERAL ATD CODES OM ON OR

SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR	BCCTP-F	EDERAL	AI	ID CODES ON	NO N	0P				
								MC	ONTH	HLY AVERAC	ΞE	
00 ELIGIBLES	USERS UNI	ITS OF	SERVICE		EXPENDITURES	AVERAGE (COST	UNITS/DAYS	3 (COST PER		COST PER
			OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00		00	.000		.00		.00
DIAGNOSTIC AND ANC. PROCED	0		Ö	7	.00	•	00	.000	τ	.00	Ψ.	.00
EYE APPLIANCES	Ô		0		.00		00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00		00	.000	بع	.00	ċ,	.00
VISITS	0		0	ş	.00		00	.000	Ą	.00	Ą	.00
	0											
OTHER SERVICES	0		0	4	.00		00	.000		.00		.00
@PODIATRIST	0		0	\$.00	•	00	.000	Ş	.00	Ş	.00
MEDICINE/INJECTIONS	0		0		.00		00	.000		.00		.00
SURGERY/ANES.	0		0		.00		00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		00	.000		.00		.00
OTHER	0		0		.00		00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00		0.0	.000		.00		.00
NURSE ANESTHESIST	0		0	\$.00		00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00		0.0	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0 0 0	\$.00		0.0	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0			\$.00	\$.0	0.0	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.(0.0	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00	. (0.0	.000		.00		.00
HSC HOSPITALS	0		0		.00	. (0.0	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00	. (0.0	.000		.00		.00
ACCOMMODATIONS	0		0		.00		00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		00	.000		.00		.00
ALL OTHER ACCOM	0		Ö		.00		00	.000		.00		.00
ANCILLARIES	0		n		.00		00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		00	.000		.00		.00
MEDICAL	0		0		.00		00	.000		.00		.00
SURGERY	0		0		.00		00	.000		.00		.00
PATHOLOGY	0		0		.00		00	.000		.00		.00
	0		0									
RADIOLOGY	0				.00		00	.000		.00		.00
ROOM USE	0		0		.00		00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0	A	.00		00	.000	4	.00	4	.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00		00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		00	.000		.00		.00
HSC HOSPITALS	0		0		.00		00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		0.0	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	. (0.0	.000		.00		.00
ALL OTHER ACCOM	0		0		.00	. (00	.000		.00		.00
ANCILLARIES	0		0		.00	. (00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00	. (0.0	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	. (0.0	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00	. (0.0	.000		.00		.00
MEDICAL	0		0		.00	. (0.0	.000		.00		.00
SURGERY	0		0		.00	. (0.0	.000		.00		.00
PATHOLOGY	0		0		.00	. (0.0	.000		.00		.00

RADIOLOGY	0		0		.00	.00	.000		.00		.00
ROOM USE	0		0		.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXP	PENDITURE	S MONT	H-OF-PAYMENT RE	PORT FOR JA	N 2003 THRU	DEC 20	103	P	PAGE 13,379
MOP024	FEE-FOR-SERVICE/	DENTAL									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR	BCCTP-FI	EDERAL	AI	D CODES OM	0N 0P				
							N	ONTHLY	Y AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE CO	ST UNITS/DAY	S COS	ST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/D	AY PER ELIC	J	JSER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00				.00
PATHOLOGY	0	0		.00	.000	.00	
RADIOLOGY	Ü	Ü	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	Ô	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
DEVELOP. DISABLED	0			.00			
@NURSING FACILITY	Ü	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0					
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
	0						
@HEMODIALYSIS TOTAL	U	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
	0	0 \$.00		.000 \$		
@LABORATORY FACILITY	0	- 4		•			•
PATHOLOGY	Ü	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	112	190 \$	33,053.11	\$ 173.96	.000 \$	295.12	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC							
RURAL HEALTH CLINIC	112	190	33,053.11	173.96	.000	295.12	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 13,380
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR BCCTP-FEDERAL	A	ID CODES OM ON	0P		
					MONT	HIY AVERAC	TE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 EDIGIBLES	OBERD		EXPENDITORES	PER UNIT/DAY		USER	
	2	OR DAYS OF CARE	0.0	- ,			ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	Õ	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
	0	0					
IHMC, MODEL-NF, NF, AIDS, MSSP	Ü	U	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
	•	Ō			000	.00	0.0
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 0 .00 <td< td=""><td>0 0 .00 0 .00 .00</td><td>0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00</td><td>0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0</td><td>0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 <</td></td<>	0 0 .00 0 .00 .00	0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00	0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0	0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 <

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,381 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

						MC	ONT	HLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	3 (COST PER	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10	15 \$	2,626.09	\$	175.07	.000	\$	262.61	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00		.00	.000		.00	.00
OFFICE VISITS	0	0	.00		.00	.000		.00	.00
HOME VISITS	0	0	.00		.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00		.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00	.00
INPATIENT VISITS	0	0	.00		.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00		.00	.000		.00	.00
CRITICAL CARE	0	0	.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00	.00
EXAMINATIONS	0	0	.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00	.00
DIALYSIS	0	0	.00		.00	.000		.00	.00
PATHOLOGY	0	0	.00		.00	.000		.00	.00
RADIOLOGY	0	0	.00		.00	.000		.00	.00
PSYCHIATRY	0	0	.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000		.00	.00
@PHARMACY	1	1 \$	145.02	\$	145.02	.000	\$	145.02	\$.00
PRESCRIPTION DRUGS	1	1	145.02		145.02	.000		145.02	.00
SNF/ICF	0	0	.00		.00	.000		.00	.00
OUTPATIENTS	1	1	145.02		145.02	.000		145.02	.00
MEDICAL SUPPLIES	0	0	.00		.00	.000		.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00

		_					
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MOI	NTH-OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE 13,382
MOP024	FEE-FOR-SERVICE/DENTA	AL.					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES E	OR BCCTP-STATE-	ONLY AID CODES	OR OT OU (VC		
				-	MONT	HLY AVERAG	E

O
@OPTOMETRIST OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00
@OPTOMETRIST 0 \$.00 \$.00<
DIAGNOSTIC AND ANC. PROCED 0 0 .00
EYE APPLIANCES 0 0 .00
OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .
@CHIROPRACTOR 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 <t< td=""></t<>
VISITS 0 0 .00
OTHER SERVICES 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 \$.00 \$.00 <t< td=""></t<>
@PODIATRIST 0 0 \$.00 \$.00 .00 .00 \$.00 \$.00
MEDICINE/INJECTIONS 0 0 .00
SURGERY/ANES. 0 0 .00
RADIO./PATHOLOGY 0 0 .00 \$.00 .00 \$.00
OTHER 0 0 .00 .00 .00 .00 .00 .00 @HOME HEALTH AGENCY 0 0 \$.00
@HOME HEALTH AGENCY 0 0 \$.00
NURSE ANESTHESIST 0 0 \$.00 \$.00 .00 \$.00 NURSE MIDWIFE 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00
NURSE MIDWIFE 0 0 \$.00 \$
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00
©TOTAL HOSPITAL 0 0 \$.00 \$.00 .000 \$.00 \$.00
HOSP INPATIENT TOTAL 0 0 0 .00 .00 .000 .00 .00
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00
NON-HSC HOSPITAL TOTAL 0 0 .00 .00 .00 .00 .00 .00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00
HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00
MEDICAL 0 0 .00 .00 .00 .00 .00 .00
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00
ROOM USE 0 0 .00 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00 .00 .00
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MONT	TH-OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE 13,383
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR BCCTP-STATE-ON	NLY AID CODES	OR OT OU 0	ΟV		
				-	MONT	THLY AVERAG	E
00 ELIGIBLES	USERS UNIT	TS OF SERVICE	EXPENDITURES AVER	AGE COST U	JNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE	PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

00 FFIGIPIES	USERS	ONITS OF SERVICE		EVERNOTIONES			UNITS/DAI			COSI PER
		OR DAYS OF CARE	C				PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES	0	0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
MEDICAL	0	0		.00		.00	.000		.00	.00
SURGERY	0	0		.00		.00	.000		.00	.00
PATHOLOGY	0	0		.00		.00	.000		.00	.00
RADIOLOGY	0	0		.00		.00	.000		.00	.00
ROOM USE	0	0		.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	·	.00	.000	-	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
LEV B-REGULAR	0	0		.00		.00	.000		.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00	.00
ICF DD	0	0		.00		.00	.000		.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	•	.00		.00	.000		.00	.00
XO AND OTHERS	0	0		.00		.00	.000		.00	.00

@ORGANIZED OUTPATIENT CLINIC	9		14	\$		2,481.07	\$	177.22	.000	\$	275.67	\$.00
CLINIC	0		0			.00		.00	.000		.00		.00
SURGICENTER	0		0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9		14			2,481.07		177.22	.000		275.67		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXP	ENDITUR	ES MON'	TH-OF-	PAYMENT :	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 13,384
MOP024	FEE-FOR-SERVICE/D	ENTAL											01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVIC	CES FOR	BCCTP-ST	rate-o	NLY	AID	CODES	OR OT OU	0V				
									1	MON.	THLY AVERA	GE -	
00 ELIGIBLES	USERS U	NITS OF	SERVICE		EXPE	NDITURES	AVE	RAGE COST	UNITS/DA	YS	COST PER	(COST PER
		OR DAYS	OF CARE				PER	UNIT/DAY	PER ELI	3	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0			.00		.00	.000		.00		.00
BLOOD BANK	0		0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	Λ		Λ			.00		.00	.000		.00		.00
	0		O			.00		.00	.000		.00		.00

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@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SUMMARY OF SERVICES FOR BCCTP-TOTAL

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SANTA BARBARA COUN

DIALYSIS

PATHOLOGY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,385 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE USER ELIGIBLE PER UNIT/DAY PER ELIG @TOTAL, ALL PROVIDERS 137 324 41,509.20 128.11 .000 \$ 302.99 \$.00 \$ @PHYSICIANS SERVICES 0 0 .00 .00 .000 \$.00 Ś .00 0 .00 OUTPATIENT VISITS .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 HOME VISITS 0 .00 .00 .000 .00 .00 .00 EMERGENCY ROOM 0 .00 .000 .00 .00 PREVENTIVE CARE 0 .00 .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .000 HOSPITAL VISITS .00 .00 .00 .00 .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 .00 EXAMINATIONS 0 .00 .000 .00 SERVICES AND MATERIALS 0 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .000 .00 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 0 ANESTHESIOLOGIST 0 0 .00 .00 .000 .00 .00 .00 0 .00 .000 .00

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1	1 \$	5	145.02	\$	145.02	.000	\$	145.02	\$.00
1	1		145.02		145.02	.000		145.02		.00
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1	1		145.02		145.02	.000		145.02		.00
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19	119 \$;	5,830.00	\$	48.99	.000	\$		\$.00
11	48		525.00		10.94	.000				.00
5	38		2,117.00		55.71	.000				.00
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1	1					.000				.00
2	2					.000				.00
3	3									.00
6	18		•			.000				.00
1	1					.000				.00
2	7		242.00		34.57	.000				.00
0	0		.00		.00	.000				.00
0	0									.00
0	0									.00
0	0									.00
1	1									.00
	KPENDITURES	MONTH-OF	-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 13,386
										01/29/04
SUMMARY OF SERVICES FOR	BCCTP-TOT	AL								
	0 0 0 0 1 1 1 0 1 0 19 11 5 0 1 1 2 3 6 1 2 3 6 1 2 0 0 0 1 1 2 0 0 1 1 2 0 0 1 1 2 0 0 0 0	11 48 5 38 0 0 0 1 1 1 2 2 2 3 3 3 6 18 1 1 1 2 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 1 1 MEDI-CAL SERVICES AND EXPENDITURES FEE-FOR-SERVICE/DENTAL	11 48 5 38 0 0 0 1 1 1 2 2 2 3 3 3 6 18 1 1 1 2 7 0 0 0 0 0 0 0 0 0 0 0 0 0 1 1 1 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF FEE-FOR-SERVICE/DENTAL	0 0 0 .00 0 0 .00 1 1 1 \$ 145.02 1 1 1 \$ 145.02 0 0 0 .00 1 1 1 1 145.02 0 0 0 .00 1 1 1 145.02 0 0 0 .00 1 1 1 48 525.00 1 1 48 525.00 1 1 48 525.00 5 38 2,117.00 0 0 .00 1 1 1 1 1 100.00 2 2 2 400.00 2 2 2 400.00 3 3 3 591.00 6 18 1,825.00 1 1 1 3 30.00 2 7 242.00 0 0 0 .00 0 0 0 .00 0 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0.00 0 0 0 0	0 0 0 .00 0 0 .00 1 1 1 \$ 145.02 \$ 1 1 1 1 145.02 0 0 0 .00 1 1 1 145.02 0 0 0 .00 1 1 145.02 0 0 0 .00 1 1 145.02 0 0 0 .00 1 1 1 48 525.00 5 38 2,117.00 0 0 .00 1 1 1 1 1 100.00 1 1 1 1 100.00 2 2 2 400.00 3 3 3 591.00 6 18 1,825.00 1 1 1 30.00 2 7 242.00 0 0 0 .00 0 0 0 .00 0	0 0 .00 .00 .00 0 0 .00 .00 .00 1 1 \$ 145.02 \$ 145.02 145.02 1 1 \$ 145.02 \$ 145.02 145.02 0 0 .00 .00 .00 1 1 \$ 145.02 145.02 145.02 0 0 .00 .00 .00 .00 19 119 \$ 5,830.00 \$ 48.99 48.99 48.99 48.99 48.99 48.99 49.4 48.99 48.99 48.99 49.4 48.99 48.99 49.4 48.99 48.99 49.4 48.99 49.20 48.99	0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .

						M	ONT	HLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU D	EC 2003	PAGE 13,387
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES	S FOR BCCTP-TOTA	L				
					MO	NTHLY AVERA	GE
OO ELICIDIEC	TICEDO IIM:	THE OF CHRITTER		ATTED ACE COCH	TINTETIC / DAVC	COOM DED	COCH DED

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	IINITTO / DAVO	COST PER	COST PER
00 ETIGIDIES	CNECO	OR DAYS OF CARE	EVERNOTIONES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	Ó	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	Ó	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	Ó	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00 \$	
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	Ö	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	•	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	121	204	\$	35,534.18	\$	174.19	.000	\$	293.67	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	121	204		35,534.18		174.19	.000		293.67		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITURE	S MON'	TH-OF-PAYMENT RE	EPORT	FOR JAN 2	1003 THRU I	DEC 2	2003	PI	AGE 13,388
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	R BCCTP-TO	TAL								
									Y AVERA	_	
00 ELIGIBLES		OF SERVICE		EXPENDITURES			UNITS/DAYS		ST PER		COST PER
	OR DAY	S OF CARE	_	0.0	PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	U	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	U	0		.00		.00	.000		.00		.00

@ALL OTHER PROVIDERS	0	0 \$.00 \$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,389
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

					ONTHLY AVERAG	E
237 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST UNITS/DA	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY PER ELI	USER	ELIGIBLE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	287	13,153	\$ 135,327.75	\$ 10.29	55.498	\$ 471.53	\$ 571.00
@PHYSICIANS SERVICES	33	69	\$ 2,183.82	\$ 31.65	.291	\$ 66.18	\$ 9.21
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	33 13	69	4	2,183.82	d	31.65	.291		6.18	4	9.21
@PHARMACY	13	124	\$	879.31	\$	7.09		\$ 6	7.64	\$	3.71
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	13	0		.00		.00	.000	_	.00		.00
MEDICAL SUPPLIES	13	124	4	879.31	d	7.09	.523		7.64	ė.	3.71
@DENTIST	1	1	\$.00	\$.00		\$.00	\$.00
VISITS - DIAGNOSTIC	1	1		.00		.00	.004		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•	•	RES MO	ONTH-OF-PAYMENT RE	PORT			DEC 200		PΔ	GE 13,390
MOP024	FEE-FOR-SERVICE/			01.111 01 1111111111 111	0111	1011 0111 1					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVI		YIMC			AID CODE	80				01,20,01
SIECTI SIECSIECT COOL		020 1011 212	01121			1122 0022	MC	NTHLY	AVERA	GE -	
237 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS				OST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	US	SER	E	LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	·	.00	•	.00	.000	•	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	8	\$	49.65	\$	6.21	.034	\$ 1	2.41	\$.21
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	8		49.65		6.21	.034	1	2.41		.21
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	175	857	\$	122,674.03	\$	143.14			0.99	\$	517.61
HOSP INPATIENT TOTAL	149	582		118,411.90		203.46	2.456	79	4.71		499.63
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON TIPE TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ü	Ü	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
ANCILLARIES	-	-					.00
INPATIENT CROSSOVERS	149	582	118,411.90	203.46	2.456	794.71	499.63
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28	275	4,262.13	15.50	1.160	152.22	17.98
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	U	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	28	275	4,262.13	15.50	1.160	152.22	17.98
@COUNTY HOSPITAL TOTAL	2	2 \$	78.22	\$ 39.11	.008	\$ 39.11	\$.33
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
CO HOSP OUTPATIENT TOTAL	2	2	78.22	39.11	.008	39.11	.33
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
							0.0
RADTOLOGY	0	0	. 0.0	. 00	. ()()()	. ()()	. ()()
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT		0 0 2 2	.00 78.22	.00 39.11	.000	.00 39.11	.00 .33
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	.00 78.22	.00 39.11	.000	.00 39.11	.00 .33 PAGE 13,391
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MON/DENTAL	.00 78.22	.00 39.11 PORT FOR JAN	.000 .008 2003 THRU DI	.00 39.11	.00 .33
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MON	.00 78.22	.00 39.11	.000 .008 2003 THRU DI	.00 39.11 EC 2003	.00 .33 PAGE 13,391 01/29/04
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MON/DENTAL	.00 78.22 NTH-OF-PAYMENT RE	.00 39.11 PORT FOR JAN AID COD	.000 .008 2003 THRU DI E 80	.00 39.11 EC 2003 NTHLY AVERA	.00 .33 PAGE 13,391
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MON/DENTAL	.00 78.22 NTH-OF-PAYMENT RE	.00 39.11 PORT FOR JAN	.000 .008 2003 THRU DI E 80	.00 39.11 EC 2003 NTHLY AVERA	.00 .33 PAGE 13,391 01/29/04
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MON / DENTAL CICES FOR QMB - ONLY UNITS OF SERVICE	.00 78.22 NTH-OF-PAYMENT RE	.00 39.11 PORT FOR JAN AID COD AVERAGE COS	.000 .008 2003 THRU DI E 80 MOI T UNITS/DAYS	.00 39.11 EC 2003 WITHLY AVERA COST PER	.00 .33 PAGE 13,391 01/29/04
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 237 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON / DENTAL CICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE	.00 78.22 NTH-OF-PAYMENT RE	.00 39.11 PORT FOR JAN AID COD AVERAGE COS PER UNIT/DA	.000 .008 2003 THRU DI E 80 MOI T UNITS/DAYS Y PER ELIG	.00 39.11 EC 2003 NTHLY AVERA COST PER USER	.00 .33 PAGE 13,391 01/29/04 GE COST PER ELIGIBLE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 237 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON / DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 855 \$.00 78.22 NTH-OF-PAYMENT RE EXPENDITURES 122,595.81	.00 39.11 PORT FOR JAN AID COD AVERAGE COS PER UNIT/DA \$ 143.39	.000 .008 2003 THRU DI E 80 MOI I UNITS/DAYS Y PER ELIG 3.608	.00 39.11 EC 2003 WITHLY AVERA COST PER USER \$ 708.65	.00 .33 PAGE 13,391 01/29/04 GE COST PER ELIGIBLE \$ 517.28
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 237 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 173 149	ES AND EXPENDITURES MON / DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 855 \$ 582	.00 78.22 NTH-OF-PAYMENT RE EXPENDITURES 122,595.81 118,411.90	.00 39.11 FORT FOR JAN AID COD AVERAGE COS PER UNIT/DA \$ 143.39 203.46	.000 .008 2003 THRU DI E 80 MOI T UNITS/DAYS Y PER ELIG 3.608 2.456	.00 39.11 EC 2003 WITHLY AVERA COST PER USER 708.65 794.71	.00 .33 PAGE 13,391 01/29/04 GE COST PER ELIGIBLE \$ 517.28 499.63
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 237 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON / DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 855 \$ 582 0	.00 78.22 NTH-OF-PAYMENT RE EXPENDITURES 122,595.81 118,411.90 .00	.00 39.11 FORT FOR JAN AID COD AVERAGE COS PER UNIT/DA \$ 143.39 203.46 .00	.000 .008 2003 THRU DI E 80 MOI T UNITS/DAYS Y PER ELIG 3.608 : 2.456 .000	.00 39.11 EC 2003 WITHLY AVERA COST PER USER 708.65 794.71 .00	.00 .33 PAGE 13,391 01/29/04 GE COST PER ELIGIBLE \$ 517.28 499.63 .00
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ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 237 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 173 149	ES AND EXPENDITURES MON / DENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 855 \$ 582 0	.00 78.22 NTH-OF-PAYMENT RE EXPENDITURES 122,595.81 118,411.90 .00 .00	.00 39.11 FORT FOR JAN AID COD AVERAGE COS PER UNIT/DA \$ 143.39 203.46 .00	.000 .008 2003 THRU DI E 80 MOI T UNITS/DAYS Y PER ELIG 3.608 : 2.456 .000	.00 39.11 EC 2003 WITHLY AVERA COST PER USER 708.65 794.71 .00	.00 .33 PAGE 13,391 01/29/04 GE COST PER ELIGIBLE \$ 517.28 499.63 .00 .00
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ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 237 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 173 149 0 0 0 0 0 0 0	ES AND EXPENDITURES MONDENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 855 \$ 582 0 0 0 0 0 582 0	.00 78.22 NTH-OF-PAYMENT RE EXPENDITURES 122,595.81 118,411.90 .00 .00 .00 .00 .00 .00	.00 39.11 FORT FOR JAN AID COD AVERAGE COS PER UNIT/DA \$ 143.39 203.46 .00 .00 .00 .00 .00 .00 .00 .00	.000 .008 2003 THRU DI E 80 MOI I UNITS/DAYS Y PER ELIG 3.608 2.456 .000 .000 .000 .000 .000 .000 .000 .0	.00 39.11 EC 2003 NTHLY AVERA COST PER USER 708.65 794.71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .33 PAGE 13,391 01/29/04 GE COST PER ELIGIBLE \$ 517.28 499.63 .00 .00 .00 .00 .00
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ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 237 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 173 149 0 0 0 0 149 0 26 0	ES AND EXPENDITURES MONDENTAL TICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 855 \$ 582 0 0 0 0 0 582 0 273 0	.00 78.22 NTH-OF-PAYMENT RE EXPENDITURES 122,595.81 118,411.90 .00 .00 .00 .00 .00 .00	.00 39.11 FORT FOR JAN AID COD AVERAGE COS PER UNIT/DA \$ 143.39 203.46 .00 .00 .00 .00 .00 .00 .00 .00	.000 .008 2003 THRU DI E 80 MOI I UNITS/DAYS Y PER ELIG 3.608 2.456 .000 .000 .000 .000 .000 .000 .000 .0	.00 39.11 EC 2003 NTHLY AVERA COST PER USER 708.65 794.71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .33 PAGE 13,391 01/29/04 GE COST PER ELIGIBLE \$ 517.28 499.63 .00 .00 .00 .00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 237 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 173 149 0 0 0 0 0 0 149 0 26	ES AND EXPENDITURES MONDENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 855 \$ 582 0 0 0 0 0 582 0 273	.00 78.22 NTH-OF-PAYMENT RE EXPENDITURES 122,595.81 118,411.90 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 39.11 FORT FOR JAN AID COD AVERAGE COS PER UNIT/DA \$ 143.39 203.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .008 2003 THRU DI E 80 MOI T UNITS/DAYS Y PER ELIG 3.608 2.456 .000 .000 .000 .000 .000 .000 .000 .0	.00 39.11 EC 2003 WITHLY AVERA COST PER USER 708.65 794.71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .33 PAGE 13,391 01/29/04 GE COST PER ELIGIBLE \$ 517.28 499.63 .00 .00 .00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 237 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 173 149 0 0 0 0 149 0 26 0	ES AND EXPENDITURES MONDENTAL TICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 855 \$ 582 0 0 0 0 0 273 0 0 0	.00 78.22 NTH-OF-PAYMENT RE EXPENDITURES 122,595.81 118,411.90 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 39.11 FORT FOR JAN AID COD AVERAGE COS PER UNIT/DA \$ 143.39 203.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .008 2003 THRU DI E 80 T UNITS/DAYS Y PER ELIG 3.608 3 2.456 .000 .000 .000 .000 .000 .000 .000 .0	.00 39.11 EC 2003 NTHLY AVERA COST PER USER 708.65 794.71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .33 PAGE 13,391 01/29/04 GE COST PER ELIGIBLE \$ 517.28 499.63 .00 .00 .00 .00 .00 .00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 237 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 173 149 0 0 0 0 149 0 149 0 26 0 0 0 0	ES AND EXPENDITURES MONDENTAL TICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 855 \$ 582 0 0 0 0 0 582 0 273 0 0 0 0 0	.00 78.22 NTH-OF-PAYMENT RE EXPENDITURES 122,595.81 118,411.90 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 39.11 FORT FOR JAN AID COD AVERAGE COS PER UNIT/DA \$ 143.39 203.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .008 2003 THRU DI E 80 MOI T UNITS/DAYS Y PER ELIG 3.608 2.456 .000 .000 .000 .000 .000 .000 .000 .0	.00 39.11 EC 2003 NTHLY AVERA COST PER USER 708.65 794.71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .33 PAGE 13,391 01/29/04 GE COST PER ELIGIBLE \$ 517.28 499.63 .00 .00 .00 .00 .00 .00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 237 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 173 149 0 0 0 0 149 0 149 0 26 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONDENTAL TICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 855 \$ 582 0 0 0 0 0 0 273 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 78.22 NTH-OF-PAYMENT RE EXPENDITURES 122,595.81 118,411.90 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 39.11 FORT FOR JAN AID COD AVERAGE COS PER UNIT/DA \$ 143.39 203.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .008 2003 THRU DI E 80 MOI T UNITS/DAYS Y PER ELIG 3.608 2.456 .000 .000 .000 .000 .000 .000 .000 .0	.00 39.11 EC 2003 NTHLY AVERA COST PER USER 5 708.65 794.71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .33 PAGE 13,391 01/29/04 GE COST PER ELIGIBLE \$ 517.28 499.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 237 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 173 149 0 0 0 0 0 149 0 26 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONDENTAL TICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 855 \$ 582 0 0 0 0 0 0 273 0 273 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 78.22 NTH-OF-PAYMENT RE EXPENDITURES 122,595.81 118,411.90 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 39.11 FORT FOR JAN AID COD AVERAGE COS PER UNIT/DA \$ 143.39 203.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .008 2003 THRU DI E 80 MOI I UNITS/DAYS Y PER ELIG 3.608 2.456 .000 .000 .000 .000 .000 .000 .000 .0	.00 39.11 EC 2003 NTHLY AVERA COST PER USER 708.65 794.71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .33 PAGE 13,391 01/29/04 GE COST PER ELIGIBLE \$ 517.28 499.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 237 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 173 149 0 0 0 0 149 0 26 0 0 0 0 26	ES AND EXPENDITURES MONDENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 855 \$ 582 0 0 0 0 0 582 0 273 0 0 273	.00 78.22 NTH-OF-PAYMENT RE EXPENDITURES 122,595.81 118,411.90 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 39.11 PORT FOR JAN AID COD AVERAGE COS PER UNIT/DA \$ 143.39 203.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .008 2003 THRU DI E 80 MOI I UNITS/DAYS Y PER ELIG 3.608 2.456 .000 .000 .000 .000 .000 .000 .000 .0	.00 39.11 EC 2003 NTHLY AVERA COST PER USER 708.65 794.71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .33 PAGE 13,391 01/29/04 GE COST PER ELIGIBLE \$ 517.28 499.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 237 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 173 149 0 0 0 0 0 149 0 26 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONDENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 855 \$ 582 0 0 0 0 0 273 0 273 0 273 0 582 0 0 0 582 0 582 0 0 582 0 582 0 0 582 0 582 0 0 582 0 0 582 0 0 583 0 58	.00 78.22 NTH-OF-PAYMENT RE EXPENDITURES 122,595.81 118,411.90 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 39.11 FORT FOR JAN AID COD AVERAGE COS PER UNIT/DA \$ 143.39 203.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .008 2003 THRU DI E 80 MOI T UNITS/DAYS Y PER ELIG 3.608 2.456 .000 .000 .000 .000 .000 .000 .000 .0	.00 39.11 EC 2003 WITHLY AVERA COST PER USER 708.65 794.71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .33 PAGE 13,391 01/29/04 GE COST PER ELIGIBLE \$ 517.28 499.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 237 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 173 149 0 0 0 0 0 149 0 26 0 0 0 0 26 0 0 0 0 0	ES AND EXPENDITURES MONDENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 855 \$ 582 0 0 0 0 0 0 273 0 0 273 0 0 273 0 0 273 0 \$ 0 \$.00 78.22 NTH-OF-PAYMENT RE EXPENDITURES 122,595.81 118,411.90 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 39.11 FORT FOR JAN AID COD AVERAGE COS PER UNIT/DA \$ 143.39 203.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .008 2003 THRU DI E 80 MOI T UNITS/DAYS Y PER ELIG 3.608 2.456 .000 .000 .000 .000 .000 .000 .000 .0	.00 39.11 EC 2003 WITHLY AVERA COST PER USER 708.65 794.71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .33 PAGE 13,391 01/29/04 GE COST PER ELIGIBLE \$ 517.28 499.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 237 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 173 149 0 0 0 0 0 149 0 26 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONDENTAL ICES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 855 \$ 582 0 0 0 0 0 273 0 273 0 273 0 582 0 0 0 582 0 582 0 0 582 0 582 0 0 582 0 582 0 0 582 0 0 582 0 0 583 0 58	.00 78.22 NTH-OF-PAYMENT RE EXPENDITURES 122,595.81 118,411.90 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 39.11 FORT FOR JAN AID COD AVERAGE COS PER UNIT/DA \$ 143.39 203.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .008 2003 THRU DI E 80 MOI T UNITS/DAYS Y PER ELIG 3.608 2.456 .000 .000 .000 .000 .000 .000 .000 .0	.00 39.11 EC 2003 WITHLY AVERA COST PER USER 708.65 794.71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .33 PAGE 13,391 01/29/04 GE COST PER ELIGIBLE \$ 517.28 499.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

NON-HSC HOSPITAL TOTAL

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@NURSING FACILITY	2	0 \$	1,049.99	Ś	.00	.000	\$	525.00	Ś	4.43
LEV A-INTERMEDIATE	0	0 \$.00	•	.00	.000	٧	.00	٧	.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	2	0	1,049.99		.00	.000		525.00		4.43
@INTERMEDIATE CARE FACILDD	0	0 \$.00		.00	.000	Ś	.00	\$.00
ICF DDH	0	0	.00		.00	.000	т.	.00	т.	.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	6 \$	2,584.07	\$	430.68	.025	\$	430.68	\$	10.90
HOSPITAL BASED	0	0	.00		.00	.000	·	.00	·	.00
HEMODIALYSIS CENTER	6	6	2,584.07		430.68	.025		430.68		10.90
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	3 \$	112.92	\$	37.64	.013	\$	37.64	\$.48
PATHOLOGY	0	0	.00		.00	.000		.00		.00
XO AND OTHERS	3	3	112.92		37.64	.013		37.64		.48
@ORGANIZED OUTPATIENT CLINIC	1	4 \$	35.15		8.79	.017	\$	35.15	\$.15
CLINIC	1	4	35.15		8.79	.017		35.15		.15
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	Ρ	AGE 13,392
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	R QMB - ONL	Y		AID CODE					
							-	HLY AVERA	_	
237 ELIGIBLES		OF SERVICE	EXPENDITURES		ERAGE COST	/		COST PER		COST PER
	OR DAY	YS OF CARE		PEF	R UNIT/DAY	Y PER ELIC	3	USER		ELIGIBLE

					MON		
237 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	65	12,081 \$	5,758.81	\$.48	50.975 \$		•
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	65	12,081	5,758.81	.48	50.975	88.60	24.30
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$		
		•		·	·		-

@XOVER EXCLUDING STATE HOSP** 286 12,570 \$ 135,327.75 \$ 10.77 53.038 \$ 473.17 \$ 571.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,393 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

SANTA BARBARA COUN	SUMMARY OF SER	VICES FOR 133% PRO	GRAM	AID (CODES /2 /4 8N			~-	
						MON			
1,580 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,098		\$	187,572.14	\$ 44.80	2.650 \$	170.83	\$	118.72
@PHYSICIANS SERVICES	31	44	\$	1,950.31	\$ 44.33	.028 \$		\$	1.23
OUTPATIENT VISITS	24	27		1,306.74	48.40	.017	54.45		.83
OFFICE VISITS	2	2		88.59	44.30	.001	44.30		.06
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	21	24		1,168.22	48.68	.015	55.63		.74
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	1	1		49.93	49.93	.001	49.93		.03
INPATIENT VISITS	1	3		139.86	46.62	.002	139.86		.09
HOSPITAL VISITS	_ 1	3		139.86	46.62	.002	139.86		.09
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0							
OUTPATIENT SURGERY	3	3		268.56	89.52	.002	89.52		.17
PRINCIPAL SURGEON	3	3		268.56	89.52	.002	89.52		.17
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0			.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	8	10		176.89	17.69	.006	22.11		.11
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		58.26	58.26	.001	58.26		.04
@PHARMACY	23		\$	521.16	\$ 15.33	.022 \$		\$.33
PRESCRIPTION DRUGS	23	34		392.62	11.55	.022	17.07		.25
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	23	34		392.62	11.55	.022	17.07		.25
MEDICAL SUPPLIES	0	0		128.54	.00	.000	.00		.08
@DENTIST	589	3,269	\$	95,309.76	\$ 29.16	2.069 \$	161.82	\$	60.32
VISITS - DIAGNOSTIC	414	1,760		23,678.00	13.45	1.114	57.19		14.99
ORAL SURGERY	58	128		4,790.00	37.42	.081	82.59		3.03
DRUGS	151	211		4,858.35	23.03	.134	32.17		3.07
ANESTHESIA	6	6		375.00	62.50	.004	62.50		.24
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	93	217		13,246.50	61.04	.137	142.44		8.38
RESTORATIVE DENTISTRY	268	890		46,407.80	52.14	.563	173.16		29.37
PROSTHETICS	1	1		.00	.00	.001	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	7	13		1,800.00	138.46	.008	257.14		1.14
MAXILLOFACIAL SERVICES	1	1		154.11	154.11	.001	154.11		.10
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	2	2		.00	.00	.001	.00		.00
ALL OTHER SERVICES	15	40		.00	.00	.025	.00		.00
	13	10		.00		.025	.00		

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,394
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

DANTA BANBANA COON	DOMINANT OF DERV	TCED FOR	T 2 2 6 E IV	OGICAN	AID (2 / T OIN	OF				
								M	ONT:	HLY AVERA	GE.	
1,580 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERA	GE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER UI	NIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	0	0		.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	S	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	22	49	Š	11,013.28	\$	224.76		\$	500.60	\$ 6.97
HOSP INPATIENT TOTAL	4	7	т	10,009.81		1429.97	.004	~	2502.45	6.34
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	4	7		10,009.81		1429.97	.004		2502.45	6.34
ACCOMMODATIONS	4	7		2,783.13		397.59	.004		695.78	1.76
ADMINISTRATIVE DAYS	0	,		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	4	7		2,783.13		397.59	.004		695.78	1.76
ANCILLARIES	4	,		7,226.68		.00	.000		1806.67	4.57
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
	0	0								
ALL OTHER INPATIENT	10	0		.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	18	42		1,003.47		23.89	.027		55.75	.64
MEDICAL	3	5		60.13		12.03	.003		20.04	.04
SURGERY	3	3		45.24		15.08	.002		15.08	.03
PATHOLOGY	3	4		45.35		11.34	.003		15.12	.03
RADIOLOGY	1.4	8		172.80		21.60	.005		24.69	.11
ROOM USE	14	15		587.22		39.15	.009		41.94	.37
CROSSOVERS/ALL OTH OUTPTNT	./	7	4.	92.73	4.	13.25	.004	4.	13.25	.06
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES	0	0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
MEDICAL	0	0		.00		.00	.000		.00	.00
SURGERY	0	0		.00		.00	.000		.00	.00
PATHOLOGY	0	0		.00		.00	.000		.00	.00
RADIOLOGY	0	0		.00		.00	.000		.00	.00
ROOM USE	0	0		.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MON		EPORT			DEC		PAGE 13,395
MOP024	FEE-FOR-SERVICE						1000 111110		2005	01/29/04
SANTA BARBARA COUN		JICES FOR 133% PR	OGRAM	AID (CODES	72 74 8N	8P			01,20,01
								ONT	HLY AVERA	GE
1,580 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVE	RAGE COST				COST PER
1,000 22101222	002113	OR DAYS OF CARE				UNIT/DAY			USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	22	49	\$	11,013.28		224.76	.031		500.60	
COMM HOSP INPATIENT TOTAL	4	7	٧	10,009.81		1429.97	.004	~	2502.45	6.34
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	4	7		10,009.81		1429.97	.004		2502.45	6.34
ACCOMMODATIONS	<u>т</u> Д	7		2,783.13		397.59	.004		695.78	1.76
ACCOMMODATIONS ADMINISTRATIVE DAYS	U 	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	U A	7		2,783.13		.00 397.59	.004		695.78	1.76
	4± 1	0		7,226.68			.004			
ANCILLARIES	4	•				.00			1806.67	4.57
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	U	0		.00		.00	.000		.00	.00

COMM HOSP OUTPATIENT TOTAL	18	42		1,003.47		23.89	.027		55.75		.64
MEDICAL	3	5		60.13		12.03	.003		20.04		.04
SURGERY	3	3		45.24		15.08	.002		15.08		.03
PATHOLOGY	3	4		45.35		11.34	.003		15.12		.03
RADIOLOGY	7	Ω		172.80		21.60	.005		24.69		.11
ROOM USE	14	15		587.22		39.15	.009		41.94		.37
CROSSOVERS/ALL OTH OUTPTNT		7		92.73		13.25	.004		13.25		.06
@STATE HOSPITAL	,	0	\$.00	\$.00	.000	Ś	.00	\$.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
LEV A-INTERMEDIATE	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00			.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR @INTERMEDIATE CARE FACILDD	0	0	.	.00	Ś	.00	.000	Ś		۲,	.00
ICF DDH	0	0	\$.00	Þ	.00	.000	Þ	.00	\$.00
ICF DDH ICF DD	0	0		.00		.00	.000		.00		.00
ICF DD ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	0	0	ė.	.00	\$.00	.000	4		۲,	.00
@HEMODIALYSIS TOTAL HOSPITAL BASED	0	0	\$.00	Ą	.00	.000	\$.00	\$.00
	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.		4		.000	\$.00	\$.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		Þ		Þ	
HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	0	2	\$	26.76	\$	13.38	.001	4		۲,	.02
@LABORATORY FACILITY	2	2	Ą	26.76	Ą			\$	13.38	\$.02
PATHOLOGY	2	0		.00		13.38	.001		.00		.02
XO AND OTHERS	374	482	Ś		d			4		4	
@ORGANIZED OUTPATIENT CLINIC	3/4	482	Þ	75,424.67	Þ	156.48	.305	\$	201.67 .00	\$	47.74 .00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	374	482		75,424.67		156.48	.305		201.67		47.74
#CALIF DEPT OF HEALTH SERV		402 ES AND EXPENDITURE	C MON		בים חם			חבכ		П	PAGE 13,396
MOP024	FEE-FOR-SERVICE		IS MON	IH-OF-PAIMENT RE	EPOR.	I FOR UAIN 2	2003 IRO	DEC	2003	P	01/29/04
SANTA BARBARA COUN		ICES FOR 133% PRO		ATD (ao De d	5 72 74 8N	0 D				01/29/04
SANTA BARBARA COUN	SUMMAR! OF SERV	ICES FOR 133% PRO	GRAM	AID (CODE	5 /2 /4 ON		יייזא ריי	HLY AVERA	CE	
1,580 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7, 7, 7, 1	ERAGE COST			COST PER		COST PER
1,500 ELIGIBLES	USERS	OR DAYS OF CARE		EXPENDITURES		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	69	307	\$	3,326.20	\$	10.83	.194			\$	2.11
DURABLE MED. EQUIP.	1	2	Ą	104.03	Ą	52.02	.001	Ą	104.03	Ą	.07
BLOOD BANK	0	2		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR IRANS	0	0		.00		.00	.000		.00		.00

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OTHER TRANS

ACUPUNCTURE

OPTICIAN

OTHER SERVICES

PHYSICAL THERAPIST PORTABLE X-RAY

PROSTHETICS

ORTHOTICS

ADULT DAY HEALTH CARE CTR

IHMC,MODEL-NF,NF,AIDS,MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

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PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	68	305	3,222.17	10.56	.193	47.38	2.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	5	\$ 5,518.97	\$ 1103.79	.003	\$ 1379.74	\$ 3.49
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

ANESTHESIA

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T ----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 1,140 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 110.69 4,010 126,187.32 31.47 3.518 \$ 131.17 \$ @TOTAL, ALL PROVIDERS 25 96 1,962.48 20.44 .084 \$ 78.50 \$ 1.72 18 46 1,034.85 .040 57.49 OUTPATIENT VISITS 22.50 .91 OFFICE VISITS 236.44 47.29 .004 78.81 .21

PAGE 13,397

@PHYSICIANS SERVICES .00 .00 HOME VISITS .00 .000 .00 424.44 EMERGENCY ROOM 47.16 .008 47.16 .37 0 .00 .000 .00 .00 PREVENTIVE CARE .00 373.97 11.69 .028 62.33 .33 OB VISITS/COMPRE PERI OTHER OUTPATIENT .00 .00 .000 .00 INPATIENT VISITS 1 53.79 53.79 .001 53.79 .05 HOSPITAL VISITS 53.79 53.79 .001 53.79 .05 CRITICAL CARE .00 .00 .000 .00 .00 .000 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 .00 EXAMINATIONS .00 .00 .000 .00 .00 .00 SERVICES AND MATERIALS .00 .000 .00 .00 457.24 14.29 .028 457.24 INPATIENT HOSPITAL SURGERY .40 .000 .00 PRINCIPAL SURGEON .00 .00 .00 ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 ANESTHESIOLOGIST 32 457.24 14.29 .028 457.24 .40 OUTPATIENT SURGERY 3 68.40 22.80 .003 34.20 .06 68.40 22.80 34.20 PRINCIPAL SURGEON .003 .06 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 DIALYSIS .00 .000 .00 .00 PATHOLOGY 27.79 4.63 .005 6.95 .02 49.47 247.33 .004 82.44 RADIOLOGY **PSYCHIATRY** .00 .00 .000 .00 .00 0 .00 .00 .00 IMMUNIZATION AND INJECTION .000 .00 3 OTHER SERVICES/ALL X-OVERS 1 73.08 24.36 .003 73.08 .06 @PHARMACY 23 1,216.82 52.91 .020 76.05 1.07 PRESCRIPTION DRUGS 22 1,090.33 49.56 .019 72.69 .96 SNF/ICF 0 0 .00 .00 .000 .00 .00 OUTPATIENTS 15 1.090.33 49.56 .019 72.69 .96 .11 MEDICAL SUPPLIES 1 1 126.49 126.49 .001 126.49 572 2,954 78,385.05 26.54 2.591 \$ 137.04 \$ @DENTIST VISITS - DIAGNOSTIC 387 1,977 27,362.85 13.84 1.734 70.71 24.00 83 6,701.00 49.27 .119 80.73 ORAL SURGERY 136 5.88 55 69 1,480.00 21.45 .061 26.91 1.30 DRUGS

400.00

100.00

.004

100.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	46	61	5,698.00	93.41	.054	123.87	5.00
RESTORATIVE DENTISTRY	219	574	25,642.20	44.67	.504	117.09	22.49
PROSTHETICS	1	1	.00	.00	.001	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	9	9	1,040.00	115.56	.008	115.56	.91
MAXILLOFACIAL SERVICES	8	8	400.00	50.00	.007	50.00	.35
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	62	84	9,586.00	114.12	.074	154.61	8.41
ALL OTHER SERVICES	13	31	75.00	2.42	.027	5.77	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 20	3 THRU DE	C 2003	PAGE 13,398
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES F	OR 100% PROGRAM	M AID CODES	7A 7C 8R 8	Γ		
					MON'	THLY AVERAG	GE

SANTA BARBARA COUN	SUMMARY OF SERVIC		100% PRO	CR M	AID	CODE	S 71 7C 8R	8Т				01/25/01
BINITI BINGINII COON	BOHMET OF BEICVIC	DD I OIC	1000 1100	JOIGHI	1110	СОВЫ	3 711 70 010	MC	NT	HIY AVERA	GE.	
1,140 ELIGIBLES	IISERS II	NITS OF	SERVICE		EXPENDITURES	Δ1/7	ERAGE COST					COST PER
1,110 22101222	00210		OF CARE		2111 2112 2 1 01120		R UNIT/DAY					ELIGIBLE
@OPTOMETRIST		011 21112	9	\$	228.05	\$				76.02		
DIAGNOSTIC AND ANC. PROCED	3		3	7	142.35	τ	47.45	.003		47.45	Υ.	.12
EYE APPLIANCES	2		6		85.70		14.28	.005		42.85		.08
OTHER OPTOMETRIC SERVICES	Ô				.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0 0	\$		\$.00	.000	Ġ	.00	Ś	.00
VISITS	0		0	٧	.00	٧	.00	.000	Y	.00	Y	.00
OTHER SERVICES	Ô		0		.00		.00	.000		.00		.00
@PODIATRIST	Ô		Ö	\$		\$.000	Ś	.00		.00
MEDICINE/INJECTIONS	Ô		0	۲	.00	٧	.00	.000	~	.00	٧	.00
SURGERY / ANES	Ô		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	Ô		0		.00		.00	.000		.00		.00
OTHER	Ô		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2		2	Ś	104.99	Ś	52.50	.002	Ś	52.50	Ś	.09
NURSE ANESTHESIST	Õ		0	Š	00	Š	00	.000	Ś	.00	Š	.00
NURSE MIDWIFE	Ô		0 0 2 0 0 0	ያ ያ ያ ያ ያ ያ	.00	Š	.00	.000		.00	Š	.00
PEDIATRIC NURSE PRACTITIONER	Ô		0	Š	.00	Š	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	Ô		0	Š	0.0			.000		.00		.00
@TOTAL HOSPITAL	14		37	Š	.00 4,225.94	Š	114 21			301.85		3.71
HOSP INPATIENT TOTAL	2		3	۲	3,417.20	٧	1139.07	.003	~	1708.60	٧	3.00
HSC HOSPITALS	1		1		1,350.00		1350.00	.001		1350.00		1.18
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	1		1 2 2 0 0		2,067.20		1033.60	.002		2067.20		1.81
ACCOMMODATIONS	1		2		589.22		294.61	.002		589.22		.52
ADMINISTRATIVE DAYS	0		0		0.0		0.0	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00 .00 294.61 .00	.000		.00		.00
ALL OTHER ACCOM	ĺ		2		589.22		294.61					.52
ANCILLARIES	1		0		1,477.98		.00	.000		589.22 1477.98		1.30
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12		34		808.74		23.79	.030		67.40		.71
MEDICAL	1		4		55.82		13.96	.004		55.82		.05
SURGERY	2		2		81.30		40.65	.002		40.65		.07
PATHOLOGY	3		10		122.05		12.21	.009		40.68		.11
RADIOLOGY	2		2		46.52		23.26	.002		23.26		.04
ROOM USE	9		10		433.93		43.39	.009		48.21		.38
CROSSOVERS/ALL OTH OUTPTNT	6		6		69.12		11.52	.005		11.52		.06
@COUNTY HOSPITAL TOTAL	1		1	\$	1,350.00	\$	1350.00	.001	\$	1350.00	\$	1.18
CO HOSPITAL INPATIENT TOTAL	1		1		1,350.00		1350.00	.001		1350.00		1.18
HSC HOSPITALS	1		1 0		1,350.00		1350.00	.001		1350.00		1.18
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON'	TH-OF-PAYMENT REPORT	FOR JAN 200	3 THRU DEC	2003	PAGE 13,399
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FO	R 100% PROGRAM	AID CODES	3 7A 7C 8R 87			
					MON'	THLY AVERAC	E
1,140 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES AVE	RAGE COST UI	NITS/DAYS	COST PER	COST PER
	OR DA	YS OF CARE	PER	R UNIT/DAY I	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	36 \$	2,875.94 \$	79.89	.032 \$	221.23	\$ 2.52

COMM HOSP INPATIENT TOTAL	1	2	2,067.20	1	033.60	.002		2067.20		1.81
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	2	2,067.20	1	033.60	.002		2067.20		1.81
ACCOMMODATIONS	1	2	589.22		294.61	.002		589.22		.52
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Û	.00			.000		.00		.00
ALL OTHER ACCOM	1	3	589.22		.00 294.61	.002		589.22		.52
ANCILLARIES	1	0	1,477.98		.00	.002		1477.98		1.30
	1	0			.00	.000				
INPATIENT CROSSOVERS	U	U	.00		.00			.00		.00
ALL OTHER INPATIENT	0 12	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	12	34	808.74		23.79	.030		67.40		.71
MEDICAL	1	4	55.82		13.96	.004		55.82		.05
SURGERY	2	2	81.30		40.65	.002		40.65		.07
PATHOLOGY	3	10	122.05		12.21	.009		40.68		.11
RADIOLOGY	2	2	46.52		23.26	.002		23.26		.04
ROOM USE	9	10	433.93		43.39	.009		48.21		.38
CROSSOVERS/ALL OTH OUTPTNT	6	6	69.12		11.52	.005		11.52		.06
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	Ċ	.00	Ġ	.00
MENTALLY ILL	0	0	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	0	.00							
DEVELOP. DISABLED	0			4	.00	.000	4	.00	4	.00
@NURSING FACILITY	U	0 \$.00	\$.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	Ġ	.00	Ś	.00
TCF DDH	0	0	.00	т.	.00	.000	-	.00	-	.00
ICE DD	0	0	.00		.00	.000		.00		.00
ICE DDN/DDCN	0	0	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	0	0 0 \$.00	بغ			بخ	.00	۲,	
@HEMODIALYSIS TOTAL	0	· · · · · · · · · · · · · · · · · · ·		\$.00	.000	Ş		Þ	.00
HOSPITAL BASED	U	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	8 \$	72.78	\$	9.10	.007	\$	24.26	\$.06
PATHOLOGY	3	8	72.78		9.10	.007		24.26		.06
XO AND OTHERS	()	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	172	221 \$	32,344.36	\$	146.35	.194	Ś	188.05	Ś	28.37
CLINIC	3	7	578.37		82.62	.006	~	192.79	т	.51
SURGICENTER	0				.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00 .00 31,765.99		.00	.000		.00		.00
	169	21.4	.00 21 765 00							
RURAL HEALTH CLINIC		214	31,/05.99		148.44	.188	550	187.96	-	27.86
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MON	IIH-OF-PAYMENI R	KEPORT.	FOR JAN	2003 THRU	DEC	2003	PF	
MOP024	FEE-FOR-SERVICE					_				01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR 100% PROGRAM	AID	CODES	7A 7C 8R					
						M		HLY AVERA	GE -	
1,140 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	ł	USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	180	660 \$	7,646.85	\$	11.59	.579	\$	42.48	\$	6.71
DURABLE MED. EQUIP.	0	0	.00	·	.00	.000		.00	•	.00
BLOOD BANK	0	0	.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0	.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	2	121.75		60.88	.002		60.88		.11
AMBULANCES/AIR TRANS	2	2	121.75		60.88	.002		60.88		.11
OTHER TRANS	0	0	.00		.00	.002		.00		.00
		G								
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
ACUPUNCTURE	0	0	.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	420.00	105.00	.004	105.00	.37
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	12	229.77	19.15	.011	57.44	.20
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	170	642	6,875.33	10.71	.563	40.44	6.03
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	46	\$ 864.94	\$ 18.80	.040	\$ 216.24	\$.76
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 13,401

01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

					MO1	THLY AVERAC	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,686	5,676 \$	541,332.39	\$ 95.37	.000	321.07	\$.00
@PHYSICIANS SERVICES	110	154 \$	14,764.35	\$ 95.87	.000	34.22	\$.00
OUTPATIENT VISITS	35	36	4,271.72	118.66	.000	122.05	.00
OFFICE VISITS	1	2	24.00	12.00	.000	24.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	34	34	4,247.72	124.93	.000	124.93	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	5	843.25	168.65	.000	168.65	.00
PRINCIPAL SURGEON	5	5	843.25	168.65	.000	168.65	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	6	10	535.29	53.53	.000	89.22	.00
PRINCIPAL SURGEON	6	10	535.29	53.53	.000	89.22	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	8	151.20	18.90	.000	18.90	.00
RADIOLOGY	88	95	8,962.89	94.35	.000	101.85	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00

@PHARMACY	89	118	\$	3,244.03	\$ 27.49	.000 \$	36.45	\$.00
PRESCRIPTION DRUGS	75	88		1,432.71	16.28	.000	19.10		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	75	88		1,432.71	16.28	.000	19.10		.00
MEDICAL SUPPLIES	15	30		1,811.32	60.38	.000	120.75		.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU:	RES MO	NTH-OF-PAYMENT REPO	ORT FOR JAN	2003 THRU DE	C 2003	PAGE	13,402
MOP024	FEE-FOR-SERVICE/DENTAL							01	/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	PRESUM	PTIVE	ELIGIBILITY-PREGNAN	NT AID CODES	3 7F 7G			
						14017		~-	

----- MONTHLY AVERAGE -----USERS 00 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$ \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 .00 .00 VISITS 0 .00 .00 .000 .00 .00 0 .00 .000 .00 .00 OTHER SERVICES .00 @PODIATRIST .00 \$.00 .000 .00 .00 \$ MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 0 .00 .00 .00 .00 RADIO./PATHOLOGY .000 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 .00 .000 .00 .00 \$ 0 .00 .000 NURSE ANESTHESIST .00 .00 \$.00 NURSE MIDWIFE 0 .00 \$.00 .000 Ś .00 \$.00 0 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 \$.00 FAMILY NURSE PRACTITIONER 0 0 .00 \$.00 .000 .00 \$.00 @TOTAL HOSPITAL 224.15 16.01 .000 22.42 .00 10 14 .000 HOSP INPATIENT TOTAL 0 .00 .00 .00 .00 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL ACCOMMODATIONS .00 .00 .000 .00 .00 0 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .000 TRANSITIONAL IP CARE 0 .00 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .00 .000 .00 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 10 14 224.15 16.01 .000 22.42 .00 .00 .00 .00 MEDICAL .000 .00 SURGERY 0 0 .00 .00 .000 .00 .00 11.92 PATHOLOGY 10 95.36 9.54 .000 .00 .00 .00 RADIOLOGY 0 .00 .00 .000 0 32.20 ROOM USE 3 128.79 .000 42.93 .00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DI	EC 2003	PAGE 13,403
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04

SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

SANTA BARBARA COUN

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @COMMUNITY HOSPITAL TOTAL 10 14 224.15 \$ 16.01 .000 \$ 22.42 \$.00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 HSC HOSPITALS .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 ALL OTHER ACCOM .000 .00 ANCILLARIES .00 .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 10 224.15 COMM HOSP OUTPATIENT TOTAL 14 16.01 .000 22.42 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY 0 0 .00 .00 .000 .00 .00 10 11.92 PATHOLOGY 95.36 9.54 .000 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 128.79 ROOM USE 32.20 .000 42.93 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 @STATE HOSPITAL .00 .00 .00 0 .000 .00 .000 MENTALLY ILL 0 .00 .00 .00 .00 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 @NURSING FACILITY LEV A-INTERMEDIATE 0 .00 .00 .000 .00 .00 0 .00 .00 .00 LEV B-REHAB MD .000 .00 0 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 LEV B-REGULAR 0 .00 .000 .00 .00 .00 @INTERMEDIATE CARE FACIL.-DD 0 .00 \$.00 .000 \$.00 .00 ICF DDH .00 .00 .000 .00 .00 .00 .00 ICF DD .00 .000 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 0 @HEMODIALYSIS TOTAL .00 .00 .000 .00 \$.00 .00 .00 0 .00 .000 .00 HOSPITAL BASED .00 HEMODIALYSIS CENTER .00 .00 .000 .00

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,041	2,625	\$	82,032.80	\$	31.25	.000	\$	78.80	\$.00
PATHOLOGY	1,041	2,625		82,032.80		31.25	.000		78.80		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,137	2,661	\$	430,195.06	\$	161.67	.000	\$	378.36	\$.00
CLINIC	160	757		25,493.88		33.68	.000		159.34		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	978	1,904		404,701.18		212.55	.000		413.80		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDI	TURES 1	MONTH-OF-PAYMENT	REPOR:	r for jan	2003 THRU	${\tt DEC}$	2003	PAG	SE 13,404
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR PRESI	JMPTIV:	E ELIGIBILITY-PRE	GNANT	AID CODES	S 7F 7G				
							N	IONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVI	ERAGE COST	C UNITS/DAY	S (COST PER	CC	OST PER

	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	103	104 \$	10,872.00	\$ 104.54	.000 \$	105.55	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	103	104	10,872.00	104.54	.000	105.55	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$	
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,405 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

SANTA BARBARA COUN	ANTE TO LANIMOS	ICES FOR	MEDI-CAL	TOPE	MANDONA CICOTONY	AID CODE	/п		
							MON	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	-					
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	Ū	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	Ο	0	.00	.00	.000	.00	.00
	0	0					
OTHER SERVICES/ALL X-OVERS	Ū	g .	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
	0	-					
OUTPATIENTS	Ü	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
	0	0					
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0					
DENTURES, STAYPLATES	Ū	U	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
· · · · · · · · · · · · · · · · · · ·	0	0					
ORTHODONTIC SERVICES	U	U	.00	.00	.000	.00	.00
ALL OTHER SERVICES	()	0	.00	.00	.000	.00	.00
	· ·	O	.00				
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MONT					PAGE 13,406
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MONT					PAGE 13,406
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MONT /DENTAL	H-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC		
#CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE	ES AND EXPENDITURES MONT	H-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC	2003	PAGE 13,406 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER	H-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC 7H MONT	2003 HLY AVERAGE	PAGE 13,406 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MONT /DENTAL	H-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC 7H MONT	2003	PAGE 13,406 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE	H-OF-PAYMENT RE	PORT FOR JAN 2 AID CODE AVERAGE COST	003 THRU DEC 7H MONT UNITS/DAYS	2003 HLY AVERAGE COST PER	PAGE 13,406 01/29/04 E COST PER
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 00 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES	PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY	003 THRU DEC 7H MONT UNITS/DAYS PER ELIG	2003 HLY AVERAGE COST PER USER	PAGE 13,406 01/29/04 E COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 00 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$	2003 HLY AVERAGE COST PER USER .00 \$	PAGE 13,406 01/29/04 E COST PER ELIGIBLE 5 .00
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000	2003 HLY AVERAGE COST PER USER .00 \$	PAGE 13,406 01/29/04 E COST PER ELIGIBLE 5 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 00 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$	2003 HLY AVERAGE COST PER USER .00 \$	PAGE 13,406 01/29/04 E COST PER ELIGIBLE 5 .00
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000	2003 HLY AVERAGE COST PER USER .00 \$.00 .00	PAGE 13,406 01/29/04 E COST PER ELIGIBLE 5 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00	PAGE 13,406 01/29/04 E COST PER ELIGIBLE 5 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00	PAGE 13,406 01/29/04 E COST PER ELIGIBLE S .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$ 0 0 \$ \$ 0 \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ \$ 0 \$ \$ \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ \$ \$ \$ 0 \$	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00	PAGE 13,406 01/29/04 E COST PER ELIGIBLE S .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00	PAGE 13,406 01/29/04 E COST PER ELIGIBLE S .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 13,406 01/29/04 E COST PER ELIGIBLE S .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 HLY AVERAGE COST PER USER .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 13,406 01/29/04 E COST PER ELIGIBLE S .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 HLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 13,406 01/29/04 E COST PER ELIGIBLE S .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 HLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 13,406 01/29/04 E COST PER ELIGIBLE S .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SANTA BARBARA COUN 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR MEDI-CAL TUBER UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	H-OF-PAYMENT RE CULOSIS PROGRAM EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	2003 HLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 13,406 01/29/04 E COST PER ELIGIBLE S .00 .00 .00 .00 .00 .00 .00
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ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
MEDICAL	0		0		.00	.00	.000	.00		.00
SURGERY	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
ROOM USE	0		0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0	•	.00	.00	.000	.00	•	.00
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
MEDICAL	0		0		.00	.00	.000	.00		.00
SURGERY	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
ROOM USE	0		0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EX	PENDITUR	ES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DI	EC 2003	PAGE 1	13,407
MOP024	FEE-FOR-SERVICE	C/DENTAL							01,	/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	VICES FOR	MEDI-CA	L TUE	BERCULOSIS PROGRAM	M AID COD	E 7H			
							MOI	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST	PER
		OR DAYS	OF CARE			PER UNIT/DA	Y PER ELIG	USER	ELIG	IBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOOD TAIDAMTENM MOMAT	0		^		0.0		000			0.0

							ILLLI AVEKA	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00	.00
LEV B-REGULAR	0	0		.00	.00	.000		.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00 \$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000		.00	.00
ICF DD	0	0		.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00 \$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	0 :	\$.00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00	.00
@LABORATORY FACILITY	0	0 :	\$.00 \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000		.00	.00
XO AND OTHERS	0	0		.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 :	\$.00 \$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000		.00	.00
SURGICENTER	0	0		.00	.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000		.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-OF-PAY	MENT REPORT	FOR JAN 2003	THRU I	DEC 2003	3	E 13,408
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FO	OR MEDI-CAL	TUBERCULOSIS	PROGRAM	AID CODE 7H				

----- MONTHLY AVERAGE -----

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
CALL OFFICE PROVIDERS	0	OR DAYS OF CARE	0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	•
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
ex momaic in miner times are cive	M M M M M M M M M M M M M M M M M M M	ATE TATE ODMATION THEM ON					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,409
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

POLITICAL OF PERC	ATCES LOK MINOK C	CIACIEI	II WID CODES WID (CODES /M /F /K	/ IN		
					MON	THLY AVERAG	GE
USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
1,116	4,701	\$	493,846.85	\$ 105.05	1.124	442.52	\$ 118.12
444	1,354	\$	103,395.91	\$ 76.36	.324	232.87	\$ 24.73
178	508		19,658.44	38.70	.122	110.44	4.70
30	35		1,534.20	43.83	.008	51.14	.37
0	0		.00	.00	.000	.00	.00
26	29		1,808.13	62.35	.007	69.54	.43
1	1		68.73	68.73	.000	68.73	.02
128	443		16,247.38	36.68	.106	126.93	3.89
0	0		.00	.00	.000	.00	.00
42	99		5,671.36	57.29	.024	135.03	1.36
	USERS 1,116 444 178 30 0 26	USERS UNITS OF SERVICE OR DAYS OF CARE 1,116	USERS UNITS OF SERVICE OR DAYS OF CARE 1,116	USERS UNITS OF SERVICE OR DAYS OF CARE 1,116 4,701 \$ 493,846.85 444 1,354 \$ 103,395.91 178 508 19,658.44 30 35 1,534.20 0 0 0 0 26 29 1,808.13 1 1 68.73 128 443 16,247.38 0 0 0 00	USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY 1,116 4,701 \$ 493,846.85 \$ 105.05 444 1,354 \$ 103,395.91 \$ 76.36 178 508 19,658.44 38.70 30 35 1,534.20 43.83 0 0 0 .00 .00 26 29 1,808.13 62.35 1 1 68.73 68.73 128 443 16,247.38 36.68 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE 1,116 4,701 \$ 493,846.85 \$ 105.05 1.124 \$ 103,395.91 \$ 76.36 .324 \$ 178 508 19,658.44 38.70 .122 30 35 1,534.20 43.83 .008 0 0 0 .00 .00 .000 .26 29 1,808.13 62.35 .007 1 1 68.73 68.73 .000 128 443 16,247.38 36.68 .106 0 0 .00 .00 .00 .000 .000	USERS UNITS OF SERVICE OR DAYS OF CARE 1,116 4,701 \$ 493,846.85 \$ 105.05 1.124 \$ 442.52 444 1,354 \$ 103,395.91 \$ 76.36 .324 \$ 232.87 178 508 19,658.44 38.70 .122 110.44 30 35 1,534.20 43.83 .008 51.14 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

HOSPITAL VISITS	37	82			3,715.90		45.32	.020		100.43		0.0
CRITICAL CARE	5 / 5	02 17			1,955.46		115.03	.020		391.09		.89 .47
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.004		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	-										
SERVICES AND MATERIALS		0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	87	184			51,253.86		278.55	.044		589.12		12.26
PRINCIPAL SURGEON	58	58			45,590.73		786.05	.014		786.05		10.90
ASSISTANT SURGEON	4	4			746.00		186.50	.001		186.50		.18
ANESTHESIOLOGIST	34	122			4,917.13		40.30	.029		144.62		1.18
OUTPATIENT SURGERY	62	108			9,548.95		88.42	.026		154.02		2.28
PRINCIPAL SURGEON	53	73			8,428.32		115.46	.017		159.02		2.02
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	27	35			1,120.63		32.02	.008		41.50		.27
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	108	188			2,985.28		15.88	.045		27.64		.71
RADIOLOGY	151	165			12,243.94		74.21	.039		81.09		2.93
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	24	49			812.16		16.57	.012		33.84		.19
OTHER SERVICES/ALL X-OVERS	23	53			1,221.92		23.06	.013		53.13		.29
@PHARMACY	177	296	\$		6,897.53	\$	23.30	.071	\$	38.97	\$	1.65
PRESCRIPTION DRUGS	176	287			6,402.00		22.31	.069		36.38		1.53
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	176	287			6,402.00		22.31	.069		36.38		1.53
MEDICAL SUPPLIES	3	9			495.53		55.06	.002		165.18		.12
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES	MONTH-C	OF-PAYMENT R	EPORT	r for Jan 200	3 THRU	DEC	2003	P	AGE 13,410
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FO	R MINOR	CONS	ENT AII	CODES AID	CODES	5 7M 7P 7R 7N	1				
									O 3 T TTT		~=	

DIMITITE DIMIDITALE COURT	DOIMERT OF DERVIOUS		01.01		0022	, , , , , , , , , , , , , , , , , , , ,	, - •				
							MO	NT	HLY AVERA	GΕ	
4,181 ELIGIBLES	USERS UNIT	S OF SERVICE	}	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	;	COST PER		COST PER
	OR	DAYS OF CARE	}		PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	32	37	\$	2,009.41	\$	54.31	.009	\$	62.79	\$.48
NURSE ANESTHESIST	1	2	\$	40.88	Ś	20.44	.000	\$	40.88	\$.01

NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00		.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	153	720 \$	253,563.28	\$.172 \$	1657.28	\$	60.65
HOSP INPATIENT TOTAL	59	245	242,977.62		991.75	.059	4118.26		58.11
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	59 59	245	242,977.62		991.75	.059	4118.26		58.11
ACCOMMODATIONS	59	245	79,701.18		325.31	.059	1350.87		19.06
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	59	245	79,701.18		325.31	.059	1350.87		19.06
ANCILLARIES	59	0	163,276.44		.00	.000	2767.40		39.05
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OURSE INDAULEMA	0	0			0.0	.000	.00		.00
HOSP OUTPATIENT TOTAL	101	475	.00 10,585.66 74.57		22.29 12.43	.114	104 81		2.53
MEDICAL	6	6	74.57		12 43	.001	104.81 12.43		.02
SURGERY	10	10	647.31		64.73	.002	64.73		.15
PATHOLOGY	60	217	1,969.03		9.07	.052	32.82		. 47
RADIOLOGY	16	20	1,172.54		58.63	.005	73.28		.28
ROOM USE	61	107	5,095.19		47.62	.026	83.53		1.22
	30 0T	115			14.15		42.82		.39
CROSSOVERS/ALL OTH OUTPTNT	38 4 0		1,627.02	4		.028		۲.	
@COUNTY HOSPITAL TOTAL	4	10 \$	326.90	\$	32.69	.002 \$	81.73	Þ	.08
CO HOSPITAL INPATIENT TOTAL	0		.00		.00	.000	.00		.00
HSC HOSPITALS	U	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	4	10	326.90		32.69	.002	81.73		.08
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	2	6	44.58		7.43	.001	22.29		.01
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	4	282.32		70.58	.001	94.11		.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT	r for Jan 2	2003 THRU DEC	2003	PΑ	GE 13,411
MOP024	FEE-FOR-SERVICE								01/29/04
SANTA BARBARA COUN		ICES FOR MINOR CONS	SENT AID CODES AID	CODES	S 7M 7P 7R	7N			- , - , -
						MONT	THIY AVERA	GE -	
4,181 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS			COST PER
1,101 22101222		OR DAYS OF CARE	2111 2113 2 1 0 1 1 2 2		R UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	149	710 \$	253,236.38		356.67		1699.57		
	59	245	242,977.62	٧	991.75	.059	4118.26	٧	58.11
HSC HOSPITALS	0	0	.00				.00		.00
NON-HSC HOSPITALS TOTAL	59 59	245	242,977.62		.00 991.75 325.31	059	4118 26		58.11
ACCOMMODATIONS	59	245	79,701.18		225 21	050	4118.26 1350.87		19.06
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	U 50	245	.00 70 701 19		225 21		1250 07		10.06

ALL OTHER ACCOM

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

59

59

0

0

97

10

58

6

245

0

0

0

465

6

10

211

79,701.18

163,276.44

.00

10,258.76

74.57

647.31

1,924.45

.00

325.31

.00

.00

.00

22.06

12.43

64.73

9.12

.059

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.000

.111

.001

.002

.050

1350.87

2767.40

105.76

12.43

64.73

33.18

.00

.00

19.06

39.05

.00

.00

.02

.15

.46

2.45

RADIOLOGY	16	20		1,172.54		58.63	.005		73.28		.28
ROOM USE	61	107		5,095.19		47.62	.026		83.53		1.22
CROSSOVERS/ALL OTH OUTPTNT	35	111		1,344.70		12.11	.027		38.42		.32
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	·	.00	•	.00	.000	•	.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	·	.00	•	.00	.000	•	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	377	999	\$	24,679.34	\$	24.70	.239	\$	65.46	\$	5.90
PATHOLOGY	376	998		24,632.14		24.68	.239		65.51		5.89
XO AND OTHERS	1	1		47.20		47.20	.000		47.20		.01
@ORGANIZED OUTPATIENT CLINIC	341	1,228	\$	97,068.35	\$	79.05	.294	\$	284.66	\$	23.22
CLINIC	243	982		49,098.83		50.00	.235		202.05		11.74
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	98	246		47,969.52		195.00	.059		489.48		11.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES MONT	TH-OF-PAYMENT RI	EPORT	FOR JAN 2003	THRU	DEC	2003	PI	AGE 13,412
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	MINOR	CONSENT	AID CODES AID (CODES						
							M	IONTI	HLY AVERA	GE -	

4,181 ELIGIBLES **USERS** UNITS OF SERVICE **EXPENDITURES** AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 6,192.15 @ALL OTHER PROVIDERS 57 65 95.26 .016 \$ 108.63 \$ 1.48 298.77 99.59 DURABLE MED. EQUIP. 3 3 .001 99.59 .07 0 0 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 OTHER TRANS 0 .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING 51 51 5,281.00 103.55 .012 103.55 1.26 0 0 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 0 .00 OPTICIAN 0 .00 .00 .000 .00 .00 PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00 PORTABLE X-RAY 0 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 11 612.38 55.67 .003 122.48 .15 180.00 180.00 PROSTHETICS 6 30.00 .001 .04 432.38 86.48 .001 86.48 .10 ORTHOTICS PSYCHOLOGIST 0 0 .00 .00 .000 .00 .00 0 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 HOSPICE SERVICES 0 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,413
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOPUZ4	FEE-FOR-SERVICE		~-~-			2.0		01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR EDWARDS	CASES	IN PA-FAMILIES	AID CODE			_
4.00							THLY AVERAG	
133 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
	1,414	4,508	\$	238,014.93	\$ 52.80	33.895		\$ 1789.59
@PHYSICIANS SERVICES	13	22	\$	684.16	\$ 31.10	.165		\$ 5.14
OUTPATIENT VISITS	8	11		506.05	46.00	.083	63.26	3.80
OFFICE VISITS	4	5		204.85	40.97	.038	51.21	1.54
HOME VISITS	1	1		53.00	53.00	.008	53.00	.40
EMERGENCY ROOM	5	5		248.20	49.64	.038	49.64	1.87
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	1	2		83.57	41.79	.015	83.57	.63
HOSPITAL VISITS	1	2		83.57	41.79	.015	83.57	.63
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		30.51	30.51	.008	30.51	.23
EXAMINATIONS	1	1		30.51	30.51	.008	30.51	.23
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0			.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0 0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
	0	0 0		.00		.000	.00	
PRINCIPAL SURGEON	0			.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0			.00			.00
ANESTHESIOLOGIST	0	0 0 0 2		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		6.56	3.28	.015	6.56	.05
RADIOLOGY	3	3		45.67	15.22	.023	15.22	.34
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3		11.80	3.93	.023	5.90	.09
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	45	142	\$	9,722.19	\$ 68.47	1.068 \$		
PRESCRIPTION DRUGS	45	142		9,722.19	68.47	1.068	216.05	73.10
SNF/ICF	5	25		2,552.73	102.11	.188	510.55	19.19
OUTPATIENTS	41	117		7,169.46	61.28	.880	174.86	53.91
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	635	2,923	\$		\$ 33.26	21.977		\$ 730.91
VISITS - DIAGNOSTIC	408	1,826		25,319.75	13.87	13.729	62.06	190.37
ORAL SURGERY	90	179		8,688.00	48.54	1.346	96.53	65.32
DRUGS	56	62		1,475.00	23.79	.466	26.34	11.09
ANESTHESIA	11	11		700.00	63.64	.083	63.64	5.26
PERIODONTICS	12	16		1,679.00	104.94	.120	139.92	12.62
ENDODONTICS	66	99		15,577.50	157.35	.744	236.02	117.12
RESTORATIVE DENTISTRY	231	634		37,015.00	58.38	4.767	160.24	278.31
PROSTHETICS	5	5		150.00	30.00	.038	30.00	1.13
	3	3		255.00	20.00		20.00	

DENTURES, STAYPLATES	7	45	4,172.00	92.71	.338	596.00	31.37
SPACE MAINTAINERS	3	4	560.00	140.00	.030	186.67	4.21
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	22	24	1,800.00	75.00	.180	81.82	13.53
ALL OTHER SERVICES	10	18	75.00	4.17	.135	7.50	.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	ES MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 13,414
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	EDWARDS	CASES IN PA-FAMILIES	AID CODE	38		
					MONT	THLY AVERA	GE
133 ELIGIBLES	USERS UNITS O	SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS	OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	7	22	\$ 514.44	\$ 23.38	.165 \$	73.49	\$ 3.87
DIAGNOSTIC AND ANC. PROCED	5	5	237.22	47.44	.038	47.44	1.78
EYE APPLIANCES	7	17	277.22	16.31	.128	39.60	2.08
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

							_
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	Ů.	0	.00	.00	.000	.00	.00
	0	•					
SURGERY/ANES.	U	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0 \$		•			•
PEDIATRIC NURSE PRACTITIONER	U		.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	12	46 \$	11,124.96	\$ 241.85	.346 \$	927.08	\$ 83.65
HOSP INPATIENT TOTAL	2	11	10,302.23	936.57	.083	5151.12	77.46
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	11	10,302.23	936.57	.083	5151.12	77.46
ACCOMMODATIONS	2	11	3,178.77	288.98	.083	1589.39	23.90
	2						
ADMINISTRATIVE DAYS	U	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	11	3,178.77	288.98	.083	1589.39	23.90
ANCILLARIES	2	0	7,123.46	.00	.000	3561.73	53.56
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	35	822.73	23.51	.263	82.27	6.19
MEDICAL	4	6	180.09	30.02	.045	45.02	1.35
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	15	206.29	13.75	.113	51.57	1.55
RADIOLOGY	2	2	47.55	23.78	.015	23.78	.36
ROOM USE	6	7	274.45	39.21	.053	45.74	2.06
CROSSOVERS/ALL OTH OUTPTNT	4	5	114.35	22.87	.038	28.59	.86
@COUNTY HOSPITAL TOTAL	2	4 \$	150.43	\$ 37.61	.030 \$		\$ 1.13
	2	, , , , , , , , , , , , , , , , , , ,					•
CO HOSPITAL INPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Û	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ů.	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
ANCILLARIES	0	0		.00			
INPATIENT CROSSOVERS	Ü	Ü	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	150.43	37.61	.030	75.22	1.13
MEDICAL	1	3	114.08	38.03	.023	114.08	.86
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0					
ROOM USE	Ţ	<u></u>	36.35	36.35	.008	36.35	. 27
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MC	NTH-OF-PAYMENT R	EPORT FOR JAN 1	2003 THRU DE	C 2003	PAGE 13,415
MOP024	FEE-FOR-SERVIC	E/DENTAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	JICES FOR EDWARDS CASE	S IN PA-FAMILIES	AID CODE	38		
			-			THIY AVERA	GE
133 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
133 EDIGIBLES	OBERD		EXPENDITORES	PER UNIT/DAY			
OCOMMUNITARY HOCKETTS TOTAL	1.0	OR DAYS OF CARE	10 054 50			USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	42 \$	10,974.53	\$ 261.30	.316 \$		· · · · · · · · · · · · · · · · · · ·
COMM HOSP INPATIENT TOTAL	2	11	10,302.23	936.57	.083	5151.12	77.46
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	11	10,302.23	936.57	.083	5151.12	77.46
ACCOMMODATIONS	2	11	3,178.77	288.98	.083	1589.39	23.90
	=	==	- / = / /				

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	11		3,178.77		288.98	.083		1589.39		23.90
ANCILLARIES	2	0		7,123.46		.00	.000		3561.73		53.56
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	8	31		672.30		21.69	.233		84.04		5.05
MEDICAL	3	3		66.01		22.00	.023		22.00		.50
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	15		206.29		13.75	.113		51.57		1.55
RADIOLOGY	2	2		47.55		23.78	.015		23.78		.36
ROOM USE	5	6		238.10		39.68	.045		47.62		1.79
CROSSOVERS/ALL OTH OUTPTNT	4	6 5 0		114.35		22.87	.038		28.59		.86
@STATE HOSPITAL	0		\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	•	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	•	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	51	\$	547.38	\$	10.73	.383	\$	109.48	\$	4.12
PATHOLOGY	5	51	•	547.38	•	10.73	.383	•	109.48		4.12
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	551	718	\$	110,989.13	\$	154.58	5.398	\$	201.43	\$	834.50
CLINIC	6	19	•	393.94	•	20.73	.143	•	65.66		2.96
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	545	699		110,595.19		158.22	5.256		202.93		831.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDIT	URES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN		DEC	2003	P	AGE 13,416
MOP024	FEE-FOR-SERVICE/DE										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICE	S FOR EDWAR	DS CASE	S IN PA-FAMILIES		AID CODE	38				
							M	ONT:	HLY AVERA	GE.	
133 ELIGIBLES	USERS UN	IITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	C	R DAYS OF CA	RE		PER	UNIT/DAY	PER ELIC	ļ	USER		ELIGIBLE
@ALL OTHER PROVIDERS	212	584	\$	7,221.42	\$	12.37	4.391	\$	34.06	\$	54.30
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	7	120		906.23		7.55	.902		129.46		6.81
AMBULANCES/AIR TRANS	7	120		906.23		7.55	.902		129.46		6.81
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	Ö		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	18	18		1,890.00		105.00	.135		105.00		14.21
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
	· ·	Ŭ				• • • •					

OPTICIAN	3	7	134.18	19.17	.053	44.73	1.01
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	184	439	4,291.01	9.77	3.301	23.32	32.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,417 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

SANTA BARBARA COUN	IVADE TO INAMINOE	ICES FOR SSI APPEAL/I	NLDC IN PA-DISABLE	TO SECTION OF	MON'	THIV AVERAC	TR
14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	_		COST PER
11 551555	OBERD	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	63	209 \$	15,529.95	\$ 74.31	14.929 \$		\$ 1109.28
@PHYSICIANS SERVICES	5	6 \$	293.09	\$ 48.85	.429 \$		
OUTPATIENT VISITS	1	ĺ	44.60	44.60	.071	44.60	3.19
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.071	44.60	3.19
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	34.30	34.30	.071	34.30	2.45
HOSPITAL VISITS	1	1	34.30	34.30	.071	34.30	2.45
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	41.85	20.93	.143	20.93	2.99
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	172.34	86.17	.143	86.17	12.31
@PHARMACY	5	15 \$	1,243.91	\$ 82.93	1.071 \$		•
PRESCRIPTION DRUGS	5	15	1,243.91	82.93	1.071	248.78	88.85
SNF/ICF	Ü	0	.00	.00	.000	.00	.00
OUTPATIENTS	5	15	1,243.91	82.93	1.071	248.78	88.85

MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00	
@DENTIST	21	100	\$	4,332.00	\$	43.32	7.143	\$	206.29	\$	309.43	
VISITS - DIAGNOSTIC	15	65		851.00		13.09	4.643		56.73		60.79	
ORAL SURGERY	2	5		588.00		117.60	.357		294.00		42.00	
DRUGS	0	0		.00		.00	.000		.00		.00	
ANESTHESIA	1	1		100.00		100.00	.071		100.00		7.14	
PERIODONTICS	2	2		318.00		159.00	.143		159.00		22.71	
ENDODONTICS	2	2		660.00		330.00	.143		330.00		47.14	
RESTORATIVE DENTISTRY	6	24		1,785.00		74.38	1.714		297.50		127.50	
PROSTHETICS	1	1		30.00		30.00	.071		30.00		2.14	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITUR	RES M	ONTH-OF-PAYMENT RI	EPOR'	T FOR JAN	2003 THRU	DEC :	2003	PF	AGE 13,418	3
MOP024	FEE-FOR-SERVICE/DENT	AL									01/29/04	1
SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR SSI API	PEAL/	NLDC IN PA-DISABLE	ED A	ID CODES 6	5N 6P					
							M	ONTH	LY AVERA	GE -		
14 ELICIDIEC	TICEDO INTER	C OF CEDITA	7	PADEMDIANTO	7. 7.7	EDVCE GOG	P INTERCANA	c a	משת ההס	_	משמ שטסו	

									ULI AVEKA	GE.	
14 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	•	.00	.000	•	.00	·	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00	•	.00	.000	•	.00	·	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ś	.00	Ś	.00		\$.00	Ś	.00
NURSE ANESTHESIST	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
NURSE MIDWIFE	0	0	Š	.00	Š	.00	.000	\$.00	Š	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	\$.00	Š	.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Ŝ	.00	Š	.00
@TOTAL HOSPITAL	5	9	Š	654.31	Š	72.70	.643	Š	130.86	\$	46.74
HOSP INPATIENT TOTAL	0	0	Y	258.00	٧	.00	.000	٧	.00	٧	18.43
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		258.00		.00	.000		.00		18.43
ACCOMMODATIONS	0	0		257.90		.00	.000		.00		18.42
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		257.90		.00	.000		.00		18.42
ANCILLARIES	0	0		.10		.00	.000		.00		.01
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	U	0				44.03					
	5	9		396.31			.643		79.26		28.31
MEDICAL	1	<u> </u>		18.66		18.66	.071		18.66		1.33
SURGERY	1	1		42.67		42.67	.071		42.67		3.05
PATHOLOGY	1	1		5.07		5.07	.071		5.07		.36
RADIOLOGY	1	1		71.01		71.01	.071		71.01		5.07
ROOM USE	2	3		217.30		72.43	.214		108.65		15.52
CROSSOVERS/ALL OTH OUTPTNT	1	2		41.60		20.80	.143		41.60		2.97
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 13,419

MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL SANTA BARBARA COUN

SANIA BARBARA COUN	SUMMARI OF SERV	ICES FOR SSI API	'EAL/I	NLDC IN PA-DISABL	ED AI	D CODES OF				aп	
14 FITCIDIES	HCEDC	INTER OF CEDITOR	7	EADENDIALIDEC	7/ 7/ 77		M UNITS/DAY				COST PER
14 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES					COST PER		
ACOMMINITEN HARDEN MORAL	Г	OR DAYS OF CAR		654 21			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	9	\$	654.31	\$	72.70	.643	Ş		\$	46.74
COMM HOSP INPATIENT TOTAL	0	0		258.00		.00	.000		.00		18.43
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		258.00		.00	.000		.00		18.43
ACCOMMODATIONS	0	0		257.90		.00	.000		.00		18.42
ADMINISTRATIVE DAYS	U	•		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	U		257.90		.00	.000		.00		18.42
ANCILLARIES	0	U		.10		.00	.000		.00		.01
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5	9		396.31		44.03	.643		79.26		28.31
MEDICAL	1	1		18.66		18.66	.071		18.66		1.33
SURGERY	1	1		42.67		42.67	.071		42.67		3.05
PATHOLOGY	1	1		5.07		5.07	.071		5.07		.36
RADIOLOGY	1	1		71.01		71.01	.071		71.01		5.07
ROOM USE	2	3		217.30		72.43	.214		108.65		15.52
CROSSOVERS/ALL OTH OUTPTNT	1	2		41.60		20.80	.143		41.60		2.97
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	8	\$	121.09	\$	15.14	.571	\$	60.55	\$	8.65
PATHOLOGY	2	8		121.09		15.14	.571		60.55		8.65
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	36	51	\$	8,560.32	\$	167.85	3.643	\$	237.79	\$	611.45
CLINIC	0	0	•	.00	•	.00	.000		.00	•	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	36	51		8,560.32		167.85	3.643		237.79		611.45
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT R	EPORT			DEC		P	AGE 13,420
MOP024	FEE-FOR-SERVICE										01/29/04
SANTA BARBARA COUN			PEAL/I	NLDC IN PA-DISABL	ED AI	D CODES 61	N 6P				
	_ J.L.L. OI DINV					_ 00210 01	M	ONT	HLY AVERA	GF.	
14 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	AVF.	RAGE COST	UNITS/DAY				COST PER
11 11101010	ODLIND	OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	9	20	\$	325.23	\$	16.26	1.429		36.14		23.23
DURABLE MED. EQUIP.	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
PHOOD DIMIL	O .	9		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	12	157.37	13.11	.857	52.46	11.24
AMBULANCES/AIR TRANS	3	12	157.37	13.11	.857	52.46	11.24
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.071	105.00	7.50
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	7	62.86	8.98	.500	12.57	4.49
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00
⊕ + momato ta mumom trand and otten		TATE ODMANITOR THEM ONES	T •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,421 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

						MC	ONTHLY AVERAC	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE	:		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	76	4,099	\$	19,159.04	\$ 4.67	4099.000	\$ 252.09	\$ 19159.04
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	0	Ο		.00		.000	1	.00		.00
PATHOLOGY	0	0		.00		00 .000		.00		.00
RADIOLOGY	0	0		.00		00 .000		.00		.00
PSYCHIATRY	0	Ô		.00		00 .000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		00 .000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		00 .000		.00		.00
@PHARMACY	8	154	\$	2,143.45	\$ 13.				Ś	2143.45
PRESCRIPTION DRUGS	6	2	٧	1,833.36	229.			305.56	٧	1833.36
SNF/ICF	3	5		792.78	158.			264.26		792.78
OUTPATIENTS	3	3		1,040.58	346.			346.86		1040.58
MEDICAL SUPPLIES	2	146		310.09	2.			155.05		310.09
@DENTIST	18	91	Ċ	2,453.00				136.28	ė	2453.00
VISITS - DIAGNOSTIC	14	82	Ą	868.00	10.			62.00	Ą	868.00
ORAL SURGERY	2	2		45.00	22.			22.50		45.00
DRUGS	0	0		.00		00 .000		.00		.00
ANESTHESIA	0	0		.00		00 .000		.00		.00
PERIODONTICS	0	0		.00		00 .000		.00		.00
ENDODONTICS ENDODONTICS	1	1		260.00	260.			260.00		260.00
RESTORATIVE DENTISTRY	1	1								
PROSTHETICS	0	0		.00		00000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00 640.00		.00
SPACE MAINTAINERS	2	0		1,280.00	213.					1280.00
	0	0		.00		00000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		00000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		00 .000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		00 .000		.00		.00
ALL OTHER SERVICES	0	0		.00		.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDLL(JRES MO	NTH-OF-PAYMENT RE	PORT FOR	JAN 2003 THRU	DEC	2003	Р	AGE 13,422
MOP024	FEE-FOR-SERVICE/DENTAL	~	~-~-			1-				01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	CRAIG	CASES-	AGED IN PA-AGED	AID	CODE 1E				
							MONTI	HLY AVERA	ĿĞΕ	

					MON'	THLY AVERAC	3E -	
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 13,423
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR CRAIG CASES-	AGED IN PA-AGED	AID CODE	E 1E		
					MON'	THLY AVERAG	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAVS	Λ	0	0.0	0.0	000	0.0	0.0

USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST			COST PER
	OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0	0	\$.00	\$.00	.000 \$.00	\$.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
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0	0	\$.00	\$.00	.000 \$.00	\$.00
0	0		.00	.00	.000	.00	.00
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0	0	\$.00	\$.00	.000 \$.00	\$.00
	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		USERS UNITS OF SERVICE OR DAYS OF CARE 0	OR DAYS OF CARE 0	OR DAYS OF CARE OR DAY	USERS	OR DAYS OF CARE 0 0 \$.00 \$.00 .00 .00 \$.00 0 0 .00 .00 .00 .00 .00 0 0 .00 .0

ICF DDH	0	0	.00	.00	.000	.00	.00
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ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	40	52	\$ 8,870.04	\$ 170.58	52.000	\$ 221.75	\$ 8870.04
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

40 52 8,870.04 170.58 52.000 221.75 8870.04 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,424 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

								M	ONTE	HLY AVERA	GE	
01 ELIGIBLES	USERS UN	ITS OF SERVI	CE	EX	PENDITURES	AVER	AGE COST	UNITS/DAY	S (COST PER		COST PER
	0	R DAYS OF CAR	RE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	16	3,802	\$		5,692.55	\$	1.50	3802.000	\$	355.78	\$	5692.55
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	3	40			2,742.80		68.57	40.000		914.27		2742.80
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	3	20			1,656.49		82.82	20.000		552.16		1656.49
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	0	0			.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
ORTHOTICS	0	0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	10	3,742			1,293.26		.35	3742.000		129.33		1293.26
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION	ITEM	ONLY;								

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,425 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SANTA BARBARA COUN SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE 977.20 \$ 139.60 .000 \$ 195.44 \$.00

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 @TOTAL, ALL PROVIDERS .00 \$.00 @PHYSICIANS SERVICES 0 0 .00 .00 \$.00 .00 .00 .00 .00 .00 OUTPATIENT VISITS 0 0 OFFICE VISITS 0 0 .00 .00 HOME VISITS EMERGENCY ROOM 0 .00 0 0 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI 0 0 .00 0 OTHER OUTPATIENT 0 .00 .00 .00 INPATIENT VISITS .00 HOSPITAL VISITS 0 0 .00 .00 .00 CRITICAL CARE 0 0 .00 0 .00 SNF/ICF/TRANS IP CARE Ω .00 OPHTHALMOLOGICAL SERVICES .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	Û	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0 9	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0 .	Υ	.00	٧	.00	.000	٧	.00	~	.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	1	2 4	\$	55.00	\$	27.50	.000	\$	55.00	\$.00
VISITS - DIAGNOSTIC	1	2	7	55.00		27.50	.000	٧	55.00	٧	.00
ORAL SURGERY	Û	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
DENTURES, STAYPLATES SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
	0	0				.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		
FRACTURES, DISLOCATIONS	0	0		.00		.00			.00		.00 .00
ORTHODONTIC SERVICES	0	0		.00			.000				
ALL OTHER SERVICES	U U	U TANDENID TOTAL	a Monthii (.00	.000	DEG	.00	D.7.6	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	FYLENDILOKE	P MON.T.H-(DE-ENTMENT KEF	POKT. F.	OK JAN	ZUU3 THRU	DEC	∠003	PAC	E 13,426
MOP024	FEE-FOR-SERVICE/DENTAL		TEC DIT	ייידים גם וגד חד	_	7 TD (CO)	DE 0E				01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	K CRAIG CAN	PPD- RPTI	ND IN PA-BLINI	U	AID CO		ı⊂ıvı	יים אווי	C E	
OO FITGIBIES	IICEPC IINITTS (OF SERVICE	17.7	YDFMDTTTIDFC	7/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	CE COC	// // אמן/ פתדואוו ת	-		-	 NGL DEB

OO RITCIDIRO	TICEDO	INTER OF CEDUTOR	EXDENDITUIDEC	7/ 7/77		TINITURE / DANK	C	COST PER	-	COCH DED
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY:				COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
PATHOLOGY RADIOLOGY	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		-			4			4		4	
@COUNTY HOSPITAL TOTAL	0		0 \$ 0		.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0									.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0					.000				.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV			PENDITURES	MON.	TH-OF-PAYMENT RE	PORT .	FOR JAN :	2003 THRU I	DEC :	2003	Р	AGE 13,427
MOP024	FEE-FOR-SERVICE		~					- 0-				01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR	CRAIG CASE	£S− 1	BLIND IN PA-BLIN	ND	AID CODI				~ =	
00 ELIGIDIEG	HGEDG	INTERC OF	CEDITOR		EXPENDIC	77777	ACE COCE	MO				
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS	5 00	OST PER		COST PER
ecommunitary incortant momat	0	OR DAYS	OF CARE		0.0			PER ELIG	d	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0 \$.00	\$.00	.000	Ş	.00	Ş	.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		Ü		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		U		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
CHDCLIDV	<i>(1)</i>		(1)		nn		0.0	$\Omega\Omega\Omega$		()()		(1(1)

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SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	5	\$	922.20	\$	184.44	.000	\$	230.55	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	5		922.20		184.44	.000		230.55		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MO	NTH-OF-PAYMENT RE	PORT	FOR JAN 200)3 THRU	DEC	2003	PA	GE 13,428
MOP024	FEE-FOR-SERVICE/DENTAL					_	_				01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	CRAIG	CASES-	BLIND IN PA-BLIN	D	AID CODE 2					
							M	ONTH	ILY AVERA	GE -	

					MON	THLY AVERAC	BE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		. (0	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$. (0 \$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$. (0 \$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE G	IVEN AS A SEPARA'	TE INFORMATION	N ITEM	ONLY;						
THE AMOUNTS ARE ALREADY INCI	LUDED IN THE APP	ROPRIATE DETA:	IL LIN	IES ABOVE.						
** THESE DATA ARE INCLUDED IN	THE APPROPRIATE	DETAIL LINES	ABOVE	1.						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDI	TURES	MONTH-OF-PAYMENT	REPOR	T FOR JAN	2003 THRU D	EC 2003]	PAGE 13,429
MOP024	FEE-FOR-SERVICE/	DENTAL								01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVI	CES FOR CRAIC	G CASE	S- DISABLED IN F	A-DISA	BLED AID C	ODE 6E			
							MC	NTHLY AVER	AGE	
19 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURE	S AV	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF C	ARE		PE	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	251	1,933	\$	60,396.8	3 \$	31.25	101.737	\$ 240.62	\$	3178.78
@PHYSICIANS SERVICES	3	9	\$	490.9	4 \$	54.55	.474	\$ 163.65	\$	25.84
OUTPATIENT VISITS	1	1		108.0	18	108.08	.053	108.08		5.69
OFFICE VISITS	0	0		. (0	.00	.000	.00		.00

MERGERICY SOON	HOME VISITS	0	0		.00		.00	.000		.00		.00
PREVENTITIE CARRE		1	1									
OB VISITS/COMPRE PERI		0	0									
OTHER CUTPATIENT		0	0									
INDATIENT VISITS		0	0									
HOSPITAL VISITS		0	0									
CRITICAL CARE ON ON TOTAL STRUCT TRANS IP CARE ON O		0	0									
SIMPLICE TRAINS IP CARE		0	0									
OPTHHAMMOLOGICAL SERVICES		0	0									
EXAMINATIONS		0	0									
SERVICES AND MATERIALS		0	0									
NAMES NAME		0	0									
PRINCIPAL SURGEON		0	0									
ASSISTANT SURGEON 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 ANESTHESIOLOGIST 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0		0	0									
AMESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0									
DUTPATIENT SURGERY		0	0									
PRINCIPAL SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0									
ASSISTANT SURGEON 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 .		0	0									
ANESTHESIOLOGIST 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0	0									
DIALYSIS		0	0									
PATHOLOGY		0	0									
RADIOLOGY		0	0									
PSYCHIATRY		0	U									
IMMUNIZATION AND INJECTION 0 0 0 0 0 0 0 0 0		3	/									
OTHER SERVICES/ALL X-OVERS 1 1 1 1 1 10.82 10.82 .053 10.82 .57 @PHARMACY		0	0									
### RESCRIPTION DRUGS		0										
PRESCRIPTION DRUGS 20 52 7,401.81 142.34 2.737 370.09 389.57 SNF/ICF 3 10 1,388.00 138.80 .526 462.67 73.05 OUTPATIENTS 17 42 66.013.81 143.19 2.211 353.75 316.52 MEDICAL SUPPLIES 2 52 96.89 1.86 2.737 48.45 5.10 @DENTIST 51 193 \$ 5,591.00 \$ 28.97 10.158 \$ 109.63 \$ 294.26 VISITS - DIAGNOSTIC 33 3 124 1,435.00 11.57 6.526 43.48 75.53 ORAL SURGERY 10 0 0 0 10.00 .00 .00 .00 .00 .00 .00		-				4					4	
SNF/ICF				Ş	•	Ş			Ş		Ş	
OUTPATIENTS 17 42 6,013.81 143.19 2.211 353.75 316.52 MEDICAL SUPPLIES 2 52 96.89 1.86 2.737 48.45 5.10 MEDICAL SUPPLIES 51 193 \$ 5.591.00 \$ 28.97 10.158 \$ 109.63 \$ 294.26 VISITS - DIAGNOSTIC 33 124 1,435.00 11.57 6.526 43.48 75.53 ORAL SURGERY 10 27 936.00 34.67 1.421 93.60 49.26 DRUGS 0 0 0 0 0.00 0.00 0.00 0.00 0.00 ANESTHESIA 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00		— ·										
MEDICAL SUPPLIES 2 52 96.89 1.86 2.737 48.45 5.10 @DENTIST 51 193 5,591.00 28.97 10.158 109.63 294.26 VISITS - DIAGNOSTIC 33 124 1,435.00 11.57 6.526 43.48 7.53 ORAL SURGERY 10 27 936.00 34.67 1.421 93.60 49.26 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 ANESTHESIA 0 0 0 .00 <th< td=""><td></td><td>_</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>		_										
@DENTIST 51 193 \$ 5,591.00 \$ 28.97 10.158 \$ 109.63 \$ 294.26 VISITS - DIAGNOSTIC 33 124 1,435.00 11.57 6.526 43.48 75.53 ORAL SURGERY 10 27 936.00 34.67 1.421 93.60 49.26 DRUGS 0 0 .00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>												
VISITS - DIAGNOSTIC 33 124 1,435.00 11.57 6.526 43.48 75.53 ORAL SURGERY 10 27 936.00 34.67 1.421 93.60 49.26 DRUGS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00						4					4	
ORAL SURGERY 10 27 936.00 34.67 1.421 93.60 49.26 DRUGS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	-			Ş		Ş			Ş		Ş	
DRUGS ANESTHESIA 0 0 0 0 .00 .00 .00 .000 .000 .00 .00 PERIODONTICS 4 4 4 481.00 120.25 .211 120.25 25.32 ENDODONTICS 2 2 2 590.00 295.00 .105 295.00 31.05 RESTORATIVE DENTISTRY 1 12 23 1,119.00 48.65 1.211 93.25 58.89 PROSTHETICS 0 0 0 0 .00 .00 .00 .000 .00 .00 DENTURES, STAYPLATES 4 9 1,030.00 114.44 .474 257.50 54.21 SPACE MAINTAINERS 0 0 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER SERVICES 3 4 .00 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,430 MOPO24												
ANESTHESIA 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0												
PERIODONTICS 4 4 481.00 120.25 .211 120.25 25.32 ENDODONTICS 2 2 590.00 295.00 .105 295.00 31.05 RESTORATIVE DENTISTRY 12 23 1,119.00 48.65 1.211 93.25 58.89 PROSTHETICS 0 0 .00			0									
ENDODONTICS 2 2 590.00 295.00 .105 295.00 31.05 RESTORATIVE DENTISTRY 12 23 1,119.00 48.65 1.211 93.25 58.89 PROSTHETICS 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 4 9 1,030.00 114.44 .474 .257.50 54.21 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER SERVICES 3 4 .00 .00 .211 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003		0	0									
RESTORATIVE DENTISTRY 12 23 1,119.00 48.65 1.211 93.25 58.89 PROSTHETICS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		4	4									
PROSTHETICS 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 4 9 1,030.00 114.44 .474 257.50 54.21 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00		2										
DENTURES, STAYPLATES 4 9 1,030.00 114.44 .474 257.50 54.21 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00		12			,							
SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 .00 </td <td></td> <td>U</td> <td></td>		U										
MAXILLOFACIAL SERVICES 0 0 .00 .00 .000 .000 .00	The state of the s	4	9									
FRACTURES, DISLOCATIONS 0 0 .00		0	0									
ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0									
ALL OTHER SERVICES 3 4 .00 .00 .211 .00 .00 .00 .00 .00 .00 .00 .00 .00 .		0	0									
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,430 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04		0	0									
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04		3	_	DDG					D=~			
SANTA BARBARA COUN SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E				RES MC	NTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	•
	SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR CRAIG	CASES-	- DISABLED IN PA-1	DISAB	LED AID	CODE 6E				

----- MONTHLY AVERAGE -----19 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER EXPENDITURES USER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG .000 \$ @OPTOMETRIST 0 0 .00 \$.00 .00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 @CHIROPRACTOR 0 0 \$.00 \$.00 .000 \$.00 \$.00 VISITS 0 0 .00 .00 .000 .00 .00 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 \$.00 \$.00 @PODIATRIST \$ \$

			_									
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	Ś	.00
NURSE MIDWIFE	0		0	Ė	.00	\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0		Ö	Š	.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	Ġ	.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	6		20	ب ب	1,815.62		90.78	1.053		302.60		95.56
	0			Ą	•	Ą			Ą		Ą	
HOSP INPATIENT TOTAL	2		2		1,514.52		757.26	.105		757.26		79.71
HSC HOSPITALS	Ü		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2		2		1,514.52		757.26	.105		757.26		79.71
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4		18		301.10		16.73	.947		75.28		15.85
MEDICAL	2		10		48.32		16.11	.158		24.16		2.54
	2		3									
SURGERY	0		U		.00		.00	.000		.00		.00
PATHOLOGY	2		/		100.78		14.40	.368		50.39		5.30
RADIOLOGY	1		1		14.76		14.76	.053		14.76		.78
ROOM USE	2		3		105.24		35.08	.158		52.62		5.54
CROSSOVERS/ALL OTH OUTPTNT	2		4		32.00		8.00	.211		16.00		1.68
@COUNTY HOSPITAL TOTAL	1		7	\$	145.63	\$	20.80	.368	\$	145.63	\$	7.66
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ō		Ô		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		Ô		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
	0		U					.000		145 63		
CO HOSP OUTPATIENT TOTAL	1		/		145.63		20.80	.368		145.63		7.66
MEDICAL	Ţ		2		29.66		14.83	.105		29.66		1.56
SURGERY	0		0		.00		.00	.000		.00 145.63 29.66		.00
PATHOLOGY	1		3		43.73		14.58	.158		43.73		2.30
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	1		2		72.24		36.12	.105		72.24		3.80
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EX	PENDITUE	RES MC	NTH-OF-PAYMENT R	EPORT	r for Jan 2		DEC	2003	PI	AGE 13,431
MOP024	FEE-FOR-SERVICE											01/29/04
SANTA BARBARA COUN			CRAIG (ASES-	DISABLED IN PA-	DISAF	BLED ATD CO	DE 6E				. , . , .
								M	ONT	HLY AVERA	GE -	
19 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	Δ1/1						COST PER
1) 1110111111	ODERD	OR DAYS			121 1110110110		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	OK DAIS	13	\$	1,669.99		128.46	.684				
COMM HOSD INDATIFAT TOTAL			13	•			757 26					

					MON	THLY AVERAG	压
19 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	13	\$ 1,669.99	\$ 128.46	.684 \$	334.00	\$ 87.89
COMM HOSP INPATIENT TOTAL	2	2	1,514.52	757.26	.105	757.26	79.71
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	2	2		1,514.52		757.26	.105		757.26		79.71
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	11		155.47		14.13	.579		51.82		8.18
MEDICAL	1	1		18.66		18.66	.053		18.66		.98
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	4		57.05		14.26	.211		57.05		3.00
RADIOLOGY	1	1		14.76		14.76	.053		14.76		.78
ROOM USE	1	1		33.00		33.00	.053		33.00		1.74
CROSSOVERS/ALL OTH OUTPTNT	2	4		32.00		8.00	.211		16.00		1.68
@STATE HOSPITAL	0	Ō	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	4	.00	т.	.00	.000	•	.00	т.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	Ö	Ś	.00	\$.00	.000	Ġ	.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000		.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	·	.00	.000	-	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	168	226	\$	41,188.34	\$	182.25	11.895	\$	245.17	\$	2167.81
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	168	226		41,188.34		182.25	11.895		245.17		2167.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONT	H-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 13,432
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES FOR	CRAIG	CASES- D	ISABLED IN PA-I	DISABI	LED AID (
							7.		ת כויידע על דו	CT.	

DIETITI DIETETTI COCI.	001111111111111111111111111111111111111	VIOLO 1 011 014110 011010	DIDIDED II. III I				
					MON	THLY AVERA	GE
19 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	17	1,381 \$	3,812.23	\$ 2.76	72.684 \$	224.25	\$ 200.64
DURABLE MED. EQUIP.	1	11	2,203.44	200.31	.579	2203.44	115.97
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	620.35	155.09	.211	310.18	32.65

PROSTHETICS	1	1	21.30	21.30	.053	21.30	1.12
ORTHOTICS	1	3	599.05	199.68	.158	599.05	31.53
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	13	92	812.87	8.84	4.842	62.53	42.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1,274	175.57	.14	67.053	175.57	9.24
@CALIF. CHILDREN SERVICES*	2	14	\$ 2,802.49	\$ 200.18	.737	\$ 1401.25	\$ 147.50
@XOVER EXCLUDING STATE HOSP**	2	0	\$ 1,514.52	\$.00	.000	\$ 757.26	\$ 79.71

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 13,433

01/29/04

SANTA BARBARA COUN SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

SANTA BANDANA COON	SUMMART OF SERV	VICES FOR CRAIG CA	- CHC	IOIAL IN FA-IOIA	Ш	MOI	NTHLY AVERA	CF	
20 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	iGE.	COST PER
ZO EDIGIBLES	OBERS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	332		\$	80,533.07	\$ 13.34	301.950			4026.65
@PHYSICIANS SERVICES	3	•	\$	490.94	\$ 54.55	.450		\$	24.55
OUTPATIENT VISITS	1	1	Ų	108.08	108.08	.050	108.08	Y	5.40
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1	1		108.08	108.08	.050	108.08		5.40
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGERY	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0			.00		.00		.00
	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0							
ASSISTANT SURGEON ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	7		372.04	53.15	.350	124.01		18.60
PSYCHIATRY	3	,		.00	.00	.000	.00		
	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		10.82					.00
OTHER SERVICES/ALL X-OVERS	30	258	4		10.82 \$ 37.37	.050	10.82	4	.54
@PHARMACY PRESCRIPTION DRUGS	26	458 60	\$	9,642.15		12.900	\$ 321.41 355.20	\$	482.11 461.76
	26 6	15		9,235.17	153.92	3.000			
SNF/ICF	~			2,180.78	145.39	.750	363.46		109.04
OUTPATIENTS	20	45		7,054.39	156.76	2.250	352.72		352.72
MEDICAL SUPPLIES	4 70	198	d	406.98	2.06	9.900	101.75	4	20.35
@DENTIST			\$	8,099.00	\$ 28.32	14.300		Ş	404.95
VISITS - DIAGNOSTIC	48 12	208 29		2,358.00	11.34	10.400	49.13		117.90
ORAL SURGERY	12	29		981.00	33.83	1.450	81.75		49.05

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	481.00	120.25	.200	120.25	24.05
ENDODONTICS	3	3	850.00	283.33	.150	283.33	42.50
RESTORATIVE DENTISTRY	12	23	1,119.00	48.65	1.150	93.25	55.95
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	15	2,310.00	154.00	.750	385.00	115.50
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4	.00	.00	.200	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 13,434
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/29/04
SANTA BARBARA COUN	SUMMARY OF SERVICES	FOR CRAIG CASES	- TOTAL IN PA-TOTAL				

----- MONTHLY AVERAGE -----

20 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST UPER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 \$.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
	0	0					
OTHER OPTOMETRIC SERVICES	0	0 0 \$.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	U	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	U	U	.00	.00	.000	.00	.00
SURGERY/ANES.	U	U	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	6	20 \$	1,815.62	\$ 90.78	1.000 \$	302.60	\$ 90.78
HOSP INPATIENT TOTAL	2	2	1,514.52	757.26	.100	757.26	75.73
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	2	1,514.52	757.26	.100	757.26	75.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	18	301.10	16.73	.900	75.28	15.06
MEDICAL	2	3	48.32	16.11	.150	24.16	2.42
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	7	100.78	14.40	.350	50.39	5.04
RADIOLOGY	1	1	14.76	14.76	.050	14.76	.74
ROOM USE	2	3	105.24	35.08	.150	52.62	5.26
CROSSOVERS/ALL OTH OUTPTNT	2	4	32.00	8.00	.200	16.00	1.60
@COUNTY HOSPITAL TOTAL	1	7 \$	145.63	\$ 20.80	.350 \$	145.63	\$ 7.28
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	7	145.63	20.80	.350	145.63	7.28
MEDICAL	1	2	29.66	14.83	.100	29.66	1.48
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	43.73	14.58	.150	43.73	2.19
RADIOLOGY	Ú	0	.00	.00	.000	.00	.00
ROOM USE	1	2	72.24	36.12	.100	72.24	3.61
CROSSOVERS/ALL OTH OUTPTNT	Ü	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAI. SEPVICE	S AND EXPENDITURES MON					PAGE 13,435
MOP024	FEE-FOR-SERVICE		III OF FAIRBINE KE	LOKI FOR UMN Z	OOD TIMO DEC	2003	01/29/04
MOPUZA CANTA DADDADA COIM		CEC EOD CDAIC CACEC	TOTAL TALDA TOTAL	т			01/49/04

SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

SANTA BARBARA COUN

		00 01440 00 0100					555 555				
0.0000000000000000000000000000000000000	-	OR DAYS OF CARE		1 660 00		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5		\$	1,669.99	\$	128.46	.650	Ş	334.00	\$	83.50
COMM HOSP INPATIENT TOTAL	2	2		1,514.52		757.26	.100		757.26		75.73
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	2		1,514.52		757.26	.100		757.26		75.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	0	11		155.47		14.13	.550		51.82		7.77
COMM HOSP OUTPATIENT TOTAL	3										
MEDICAL	1	1		18.66		18.66	.050		18.66		.93
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	4		57.05		14.26	.200		57.05		2.85
RADIOLOGY	1	1		14.76		14.76	.050		14.76		.74
ROOM USE	1	1		33.00		33.00	.050		33.00		1.65
CROSSOVERS/ALL OTH OUTPTNT	2	4		32.00		8.00	.200		16.00		1.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	Ψ	.00	Υ	.00	.000	Ψ.	.00	τ.	.00
LEV B-REHAB MD	0	Ö		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE FREESTANDING	0	0									.00
LEV B-SUBACUTE HSPTL BASED	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	U	0		.00		.00	.000		.00		.00
LEV B-REGULAR	Ü	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Υ	.00	Υ	.00	.000	٧	.00	٧	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0	0	Ą		Ą		.000	Ą		Ą	
PATHOLOGY	0			.00		.00			.00		.00
XO AND OTHERS	0	0	_	.00	_	.00	.000	_	.00		.00
@ORGANIZED OUTPATIENT CLINIC	212	283	\$	50,980.58	\$	180.14	14.150	\$	240.47	\$	2549.03
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	212	283		50,980.58		180.14	14.150		240.47		2549.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU	DEC	2003	F	AGE 13,436
MOP024	FEE-FOR-SERVICE	:/DENTAL									01/29/04
SANTA BARBARA COUN		ICES FOR CRAIG CA	SES	- TOTAL IN PA-TOTA	ΑL						
							M	ONT	HLY AVERA	GE	
20 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST					COST PER
20 221012225	05210	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	33	5,183	Ś	9,504.78	\$	1.83			288.02	Ś	
DURABLE MED. EQUIP.	1	11	~	2,203.44	Y	200.31	.550	Y	2203.44	Y	110.17
	0	0					.000		.00		
BLOOD BANK	0	0		.00		.00					.00
HEARING AID DISPENSERS	-	_		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	3	40	2,742.80	68.57	2.000	914.27	137.14
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	3	20	1,656.49	82.82	1.000	552.16	82.82
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	620.35	155.09	.200	310.18	31.02
PROSTHETICS	1	1	21.30	21.30	.050	21.30	1.07
ORTHOTICS	1	3	599.05	199.68	.150	599.05	29.95
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	13	92	812.87	8.84	4.600	62.53	40.64
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	5,016	1,468.83	. 29	250.800	133.53	73.44
@CALIF. CHILDREN SERVICES*	2	14	\$ 2,802.49	\$ 200.18	.700	\$ 1401.25	\$ 140.12
@XOVER EXCLUDING STATE HOSP**	2	0	\$ 1,514.52	\$.00	.000	\$ 757.26	\$ 75.73

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 13,437
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
SANTA BARBARA COUN SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	MONTHLY AVERA						GE	
113,855 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	115,229	846,002	\$	40,703,075.37	\$ 48.11	7.431		\$ 357.50
@PHYSICIANS SERVICES	12,967	44,437	\$	3,095,761.30	\$ 69.67	.390	\$ 238.74	\$ 27.19
OUTPATIENT VISITS	6,147	17,295		559,259.46	32.34	.152	90.98	4.91
OFFICE VISITS	1,410	1,706		89,878.19	52.68	.015	63.74	.79
HOME VISITS	6	7		270.84	38.69	.000	45.14	.00
EMERGENCY ROOM	2,021	2,273		134,848.19	59.33	.020	66.72	1.18
PREVENTIVE CARE	11	11		638.34	58.03	.000	58.03	.01
OB VISITS/COMPRE PERI	2,942	13,215		330,383.25	25.00	.116	112.30	2.90
OTHER OUTPATIENT	76	83		3,240.65	39.04	.001	42.64	
INPATIENT VISITS	1,651	4,587		284,676.43	62.06	.040	172.43	2.50
HOSPITAL VISITS	1,539	3,489		156,474.94	44.85	.031	101.67	1.37
CRITICAL CARE	109	964		122,292.91	126.86	.008	1121.95	1.07
SNF/ICF/TRANS IP CARE	33	134		5,908.58	44.09	.001	179.05	.05
OPHTHALMOLOGICAL SERVICES	21	21		994.27	47.35	.000	47.35	.01
EXAMINATIONS	21	21		994.27	47.35	.000	47.35	.01
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2,941	7,064		1,671,323.43	236.60	.062	568.28	14.68
PRINCIPAL SURGEON	1,952	2,056		1,444,539.39	702.60	.018	740.03	12.69
ASSISTANT SURGEON	310	310		55,991.02	180.62	.003	180.62	.49
ANESTHESIOLOGIST	1,107	4,698		170,793.02	36.35	.041	154.28	1.50
OUTPATIENT SURGERY	1,097	2,287		119,863.52	52.41	.020	109.26	1.05
PRINCIPAL SURGEON	966	1,700		101,116.39	59.48	.015	104.68	.89
ASSISTANT SURGEON	2	2		247.30	123.65	.000	123.65	.00
ANESTHESIOLOGIST	196	585		18,499.83	31.62	.005	94.39	.16
DIALYSIS	36	62		11,656.73	188.01	.001	323.80	.10
PATHOLOGY	3,020	5,155		75,815.43	14.71	.045	25.10	.67
RADIOLOGY	3,818	5,674		283,547.05	49.97	.050	74.27	2.49
PSYCHIATRY	1	7		269.24	38.46	.000	269.24	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	298	379		16,292.45		42.99	.003		4.67		.14
OTHER SERVICES/ALL X-OVERS	1 021	1,906		72,063.29		37.81	.017	-	0.58		.63
@PHARMACY	10 780	180,936	\$		\$	8.06	1.589		35.21	Ġ	12.81
DDECODIDETON DDICC	10,705	21,463	Y	1,327,516.13	Y	61.85	.189		30.02	Y	11.66
PRESCRIPTION DRUGS	10,210	21,463									
SNF/ICF	426	2,255		196,860.84		87.30	.020		2.11		1.73
OUTPATIENTS	9,814	19,208		1,130,655.29		58.86	.169	11	5.21		9.93
MEDICAL SUPPLIES	894	159,473		131,249.82		.82	1.401		16.81		1.15
@DENTIST	35,910	177,007	\$	5,658,794.92	\$	31.97	1.555	\$ 15	7.58	\$	49.70
VISITS - DIAGNOSTIC	24,536	114,335		1,500,512.56		13.12	1.004		1.16		13.18
ORAL SURGERY	4 900	10,408		527,861.44		50.72	.091		7.73		4.64
DRIEG	3 235	4,273		100,447.30		23.51	.038		31.05		.88
AMECTUECTA	5,233 E10	536		43,195.20		80.59	.005		33.23		.38
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	1 117	1,233				141.38	.011		6.06		1.53
PERIODONIICS	1,11/	1,233		174,323.75		141.38					
ENDODONTICS	3,10/	5,078		631,288.95		124.32	.045		3.18		5.54
RESTORATIVE DENTISTRY	12,351	34,013		2,050,639.29		60.29	.299		6.03		18.01
PROSTHETICS	186	198		5,470.00		27.63	.002		29.41		.05
DENTURES, STAYPLATES	1,221	3,715		429,088.06		115.50	.033		1.42		3.77
SPACE MAINTAINERS	298	340		41,813.20		122.98	.003	14	10.31		.37
MAXILLOFACIAL SERVICES	111	128		8,513.46		66.51	.001	-	6.70		.07
FRACTURES DISLOCATIONS	5	8		4,242.00		530.25	.000	84	18.40		.04
ORTHODONTIC SERVICES	1 374	1,621		139,974.71		86.35	.014		1.87		1.23
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	601	1,121		1,425.00		1.27	.010		2.06		.01
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDITIC		EC M	I,425.00 IONTH-OF-PAYMENT RI	יםסמי			שר סחנ		Ъ	AGE 13,438
			ES M	IONIH-OF-PAIMENI RI	LPUR	I FOR JAN 2	2003 IHRU I)EC 200	13	Ρ.	
MOP024	FEE-FOR-SERVICE										01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR TOTAL C	EK.I.T	FIED							
							MC				
113,855 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG	US	SER		ELIGIBLE
@OPTOMETRIST	243	558	\$	13,211.40	\$	23.68	.005	\$ 5	4.37	\$.12
DIAGNOSTIC AND ANC. PROCED	172	159		6,863.42		43.17	.001	3	39.90		.06
EYE APPLIANCES	170	390		6,229.93		15.97	.003	3	86.65		.05
OTHER OPTOMETRIC SERVICES	4	9		118.05		13.12	.000		29.51		.00
@CHIROPRACTOR	1	3	\$	50.16	\$	16.72	.000		0.16	¢	.00
VISITS	1	3	Y	50.16	Y	16.72	.000	γ .	0.16	Y	.00
ATOTIO	1	0		.00		.00	.000	-	.00		.00
OTHER SERVICES	0	-	4								
@PODIATRIST	60	79	Ş	686.48	\$	8.69	.001		1.44	Ş	.01
MEDICINE/INJECTIONS	2	2		77.04		38.52	.000	3	88.52		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	243 172 170 4 1 1 0 60 2 0 0	0		.00		.00	.000		.00		.00
OTHER	58	77		609.44		7.91	.001		0.51		.01
@HOME HEALTH AGENCY	1,496 1	1,989	\$	106,662.66	\$	53.63	.017	\$ 7	1.30	\$.94
NURSE ANESTHESIST	. 1	2	Ė	40.88	\$	20.44	.000		10.88	Ś	.00
	_	4	Ś	33.64	\$	8.41	.000		3.64	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ġ	.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	1	2	Ġ.	31.20	Š	15.60	.000		31.20	\$.00
@TOTAL HOSPITAL	6 410	28,878	\$ \$			457.01	.254			\$	115.91
WIOTAL HOSPITAL	0,419		Ą		Ą			Ş 203		Ą	
HOSP INPATIENT TOTAL	1 0 1 6,419 2,856 78 2,446	12,145		12,837,272.69		1057.00	.107		4.84		112.75
HSC HOSPITALS	78	428		534,603.35		1249.07	.004		3.89		4.70
		10,407		12,046,378.64		1157.53	.091		24.93		105.80
ACCOMMODATIONS	2,446	10,407		3,965,355.14		381.03	.091		21.16		34.83
ADMINISTRATIVE DAYS	11	91		19,371.39		212.87	.001	176	1.04		.17
TRANSITIONAL IP CARE	0	0		.00		0.0	.000		0.0		.00
	•	U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2,436	10,316		3,945,983.75		.00 382.51	.000	161	.00		34.66

0

1,310

16,733

467

247

8,226

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

2,445

3,946

2,107

332

395

238

8,081,023.50

256,290.70

360,167.39

15,511.72 9,702.95

75,945.45

.00

.00

.00

21.52

33.22

39.28

9.23

195.64

3305.12

771.96

91.27

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70.98

2.25

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3.16

.14

.09

.67

RADIOLOGY	1,078	1,403	92,818.25	66.16	.012	86.10	.82
ROOM USE	2,350	2,908	114,270.18	39.30	.026	48.63	1.00
CROSSOVERS/ALL OTH OUTPTNT	1,622	3,482	51,918.84	14.91	.031	32.01	.46
@COUNTY HOSPITAL TOTAL	89	298	\$ 33,689.25	\$ 113.05	.003	\$ 378.53	\$.30
CO HOSPITAL INPATIENT TOTAL	10	23	25,895.06	1125.87	.000	2589.51	.23
HSC HOSPITALS	10	23	25,895.06	1125.87	.000	2589.51	.23
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	80	275	7,794.19	28.34	.002	97.43	.07
MEDICAL	40	53	1,819.51	34.33	.000	45.49	.02

SURGERY	4	5	58.55	11.71	.000	14.64	.00
PATHOLOGY	22	91	1,078.93	11.86	.001	49.04	.01
RADIOLOGY	17	24	835.52	34.81	.000	49.15	.01
ROOM USE	49	64	2,267.97	35.44	.001	46.29	.02
CROSSOVERS/ALL OTH OUTPTNT		38	1,733.71	45.62	.000	66.68	.02
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES N					PAGE 13,439
			MONIH-OF-PAIMENT R	EPORT FOR JAN .	ZUUS IHKU DE	2003	
MOP024	FEE-FOR-SERVICE						01/29/04
SANTA BARBARA COUN	SUMMARY OF SERV	ICES FOR TOTAL CERT	IFIED				
					MON	THLY AVERA	GE
113,855 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,337	28,580 \$	13,163,750.83	\$ 460.59	.251 \$	2077.28	\$ 115.62
COMM HOSP INPATIENT TOTAL	2,846	12,122	12,811,377.63	1056.87	.106	4501.54	112.52
HSC HOSPITALS	68	405	508,708.29	1256.07	.004	7481.00	4.47
NON-HSC HOSPITALS TOTAL	2,446	10,407	12,046,378.64	1157.53	.091	4924.93	105.80
ACCOMMODATIONS	2,446	10,407	3,965,355.14	381.03	.091	1621.16	34.83
ADMINISTRATIVE DAYS	11	91	19,371.39	212.87	.001	1761.04	.17
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2,436	10,316	3,945,983.75	382.51	.091	1619.86	34.66
ANCILLARIES	2,445	. 0	8,081,023.50	.00	.000	3305.12	70.98
INPATIENT CROSSOVERS	332	1,310	256,290.70	195.64	.012	771.96	2.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
				21.41			
COMM HOSP OUTPATIENT TOTAL	3,873	16,458	352,373.20		.145	90.98	3.09
MEDICAL	356	414	13,692.21	33.07	.004	38.46	.12
SURGERY	234	242	9,644.40	39.85	.002	41.22	.08
PATHOLOGY	2,086	8,135	74,866.52	9.20	.071	35.89	.66
RADIOLOGY	1,062	1,379	91,982.73	66.70	.012	86.61	.81
ROOM USE	2,306	2,844	112,002.21	39.38	.025	48.57	.98
CROSSOVERS/ALL OTH OUTPTNT		3,444	50,185.13	14.57	.030	31.44	. 44
@STATE HOSPITAL	8	57 \$	55,938.51	\$ 981.38		6992.31	
	6	0	15,339.69		·	2556.62	.13
MENTALLY ILL	6			.00	.000		
DEVELOP. DISABLED	2	57	40,598.82	712.26	.001	20299.41	.36
@NURSING FACILITY	256	7,290 \$	1,126,656.93	\$ 154.55		4401.00	•
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	12	364	242,071.05	665.03	.003	20172.59	2.13
LEV B-SUBACUTE HSPTL BASED	17	533	309,177.31	580.07	.005	18186.90	2.72
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	227	6,393	575,408.57	90.01	.056	2534.84	5.05
	9						
@INTERMEDIATE CARE FACILDD	9	167 \$	25,990.42			2887.82	
ICF DDH	5 1	84	12,530.28	149.17	.001	2506.06	.11
ICF DD	T	31	3,994.66	128.86	.000	3994.66	.04
ICF DDN/DDCN	3	52	9,465.48	182.03	.000	3155.16	.08
@HEMODIALYSIS TOTAL	69	3,090 \$	130,608.21	\$ 42.27	.027 \$	1892.87	\$ 1.15
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	69	3,090	130,608.21	42.27	.027	1892.87	1.15
@REHABILITATION FACILITY	33	517 \$	8,458.09	\$ 16.36	.005 \$	256.31	
HOSPITAL BASED	6	37	885.43	23.93	.000	147.57	.01
INDEPENDENT FACILITY	27	480	7,572.66	15.78	.004	280.47	.07
	- :						
@LABORATORY FACILITY	8,488	26,513 \$	497,556.32	\$ 18.77	.233 \$	58.62	
PATHOLOGY	8,474	26,493	496,668.27	18.75	.233	58.61	4.36
XO AND OTHERS	20	20	888.05	44.40	.000	44.40	.01
@ORGANIZED OUTPATIENT CLINIC	49,873	79,989 \$	13,037,208.88	\$ 162.99	.703 \$	261.41	\$ 114.51
CLINIC	1,356	5,478	217,217.17	39.65	.048	160.19	1.91
SURGICENTER	40	115	4,940.67	42.96	.001	123.52	.04
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
		74,396	12,815,051.04	172.25			
RURAL HEALTH CLINIC	48,503				.653	264.21	112.56
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES N	MONTH-OF-PAYMENT R	EPOKI FOR JAN	ZUUS IHKU DE	∟ ∠003	PAGE 13,440
MOP024	FEE-FOR-SERVICE	/ DENTAL					01/29/04

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

SANTA BARBARA COUN

USERS			EXPENDITURES					COST PER ELIGIBLE
12 055			2 200 170 24					20.11
	•	Ą					Ą	
/5	432		•					.12
0	Ü							.00
4	5							.01
	•							.49
	•							.41
14								.02
6			•					.06
0	0			.00	.000	.00		.00
435	7,363		508,289.62	69.03	.065	1168.48		4.46
2,108	2,113		219,305.00	103.79	.019	104.03		1.93
2,462	23,996		1,015,891.64	42.34	.211	412.63		8.92
0	0		.00	.00	.000	.00		.00
89	256		5,120.61	20.00	.002	57.53		.04
8	89		837.60	9.41	.001	104.70		.01
5	10		115.03	11.50	.000	23.01		.00
93	160		10,376.38	64.85	.001	111.57		.09
44	90		3,143.70	34.93	.001	71.45		.03
56	70		7,232.68		.001	129.16		.06
59	398		12,626.18	31.72	.003	214.00		.11
41	135		4,855.51	35.97	.001	118.43		.04
0	0		•		.000	.00		.00
0	0		.00	.00	.000	.00		.00
7,008	43,440		397,620.96	9.15	.382	56.74		3.49
. 0	. 0							.00
0	0							.00
0	0							.00
274	211 862							.38
	•	Ś	•				Ś	12.13
		Š						2.80
	12,955 75 0 4 381 365 14 6 0 435 2,108 2,462 0 89 8 5 93 44 56 59	OR DAYS OF CARE 12,955	OR DAYS OF CARE 12,955	OR DAYS OF CARE 12,955	OR DAYS OF CARE 294,484 \$ 2,289,179.34 \$ 7.77 75 432 13,381.94 30.98 0 00000 4 5 1,403.76 280.75 381 4,225 56,261.30 13.32 365 3,538 46,961.50 13.27 14 663 1,997.22 3.01 6 24 7,302.58 304.27 0 0 00000 435 7,363 508,289.62 69.03 2,108 2,113 219,305.00 103.79 2,462 23,996 1,015,891.64 42.34 0 0 00000 89 256 5,120.61 20.00 8 8 89 837.60 9.41 5 10 115.03 11.50 93 160 10,376.38 64.85 44 90 3,143.70 34.93 56 70 7,232.68 103.32 59 398 12,626.18 31.72 41 135 4,855.51 35.97 0 0 0 0 0 0.00 7,008 43,440 397,620.96 9.15 0 0 0 0 0.00 7,008 43,440 397,620.96 9.15 0 0 0 0.00 274 211,862 43,093.8120 274 211,862 43,093.8120	OR DAYS OF CARE PER UNIT/DAY PER ELIG 12,955 294,484 \$ 2,289,179.34 \$ 7.77 2.586 75 432 13,381.94 30.98 .004 0 0 .00 .00 .000 381 4,225 56,261.30 13.32 .037 365 3,538 46,961.50 13.27 .031 14 663 1,997.22 3.01 .006 6 24 7,302.58 304.27 .000 0 0 .00 .00 .00 435 7,363 508,289.62 69.03 .065 2,108 2,113 219,305.00 103.79 .019 2,462 23,996 1,015,891.64 42.34 .211 0 0 .00 .00 .00 89 256 5,120.61 20.00 .00 93 160 10,376.38 64.85 .001 44 90 3,143.70 3	OR DAYS OF CARE	DAYS OF CARE PER UNIT/DAY PER ELIG USER 12,955 294,484 \$ 2,289,179.34 \$ 7.77 2.586 \$ 176.70 \$ 13,381.94 30.98 .004 178.43 \$ 0 0 .00

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.